Inaugural Address

DELIVERED AT THE

GLASGOW INFIRMARY MEDICAL SCHOOL,

On November 1st, 1882.

BY EBEN. WATSON, M.D., F.F.P.S. GLAS.,

SURGEON AND LECTURER ON CLINICAL SURGERY AT THE INFIRMARY.

MY LORD PROVOST AND GENTLEMEN,—I consider it an honour to be asked to take part in the interesting proceedings of this day. I congratulate you all—teachers and students alike—on your taking possession of the admirable building in which we are now met as the future home of the Royal Infirmary School of Medicine. I have in my time visited several such schools in this country and on the Continent, and I will say that I have not seen any one better, if so well, adapted to the purposes of medical teaching. The lecture-rooms are well lighted, well aired, and suitably seated to give all a good view of the lecturer's table, while the laboratories are convenient, and well fitted up with the necessary appliances for work. On the whole, I feel sure that if my friends the lecturers have not ample audiences to listen to their prelections, and if you students do not make good and satisfactory progress in your studies, it will not be the fault of the architectural arrangements for your comfort, or the educational requirements at your command.

Yours is comparatively a young school, and has much of its reputation still to make, and therefore I think it is a matter of no small congratulation to you that you have such a close connexion with one of the oldest and best schools of medicine and surgery in the West of Scotland —I had almost said anywhere to be found—I mean the Royal Infirmary. You share its name, and to some extent its high prestige, and situated as your building is you almost seem to form part of it. Yet here, in passing, I cannot but express the hope that the day is far distant when the management of the infirmary will depart from that catholicity which has hitherto characterised it, and when that institution shall become in any degree less of a common platform on which the teachers and the students of all schools may meet on terms of perfect equality, and be dealt with in a spirit of thorough impartiality. I am sure I may take it for granted that none of you would wish for such a change. You are willing to stand, as a school, on your own merits, and one of the chief of these must ever be the advantage you are able to take of that older institution which has been doing such good service in the past.

I believe it is eighty-eight years since our infirmary first opened its wards for the reception of the sick and wounded poor, and it is pleasant to let one's imagination wander over that long period and lose itself in the attempt to estimate the amount of good it has done, not only to the immediate objects of the charity, but also through the medium of the many generations of physicians and surgeons who have owed to it their training and their skill. Then there is another aspect in which we may well be proud of our infirmary, for it has amply borne its part in contributing to the advancement of the healing art. Much in this respect has been done indirectly, as I may say, by those who after studying here have gone far away from our city, but much has also been done directly and immediately in the very wards of the infirmary. I feel that I cannot and ought not to enter here into details on this subject, yet I may be allowed to give two examples of what I have now said. There has lately departed from among us a veteran in surgery—Dr. Andrew Buchanan—whose ingenuity, guided and called forth by his experience in our infirmary, has afforded us several new procedures, and especially one great operation which will make his name long remembered with esteem. Then you doubtless know that it was in the wards of the Royal Infirmary that Mr. Lister was first led to make that application of Pasteur's discovery to the healing of wounds which has resulted in the antiseptic system of surgery—a system which has revolutionised the art, and now enables us to perform with safety operations at which the boldest surgeons of former times would have stood aghast.

Now I have thus, in few words, brought before you the high and established reputation of the Glasgow Royal Infirmary as a field of medical and surgical training, not to boast of it, but for the purpose of urging upon you that your best policy is to make your character as a school mainly rest on its practical nature. Surely this is to be expected of a hospital school, and I think it will best recommend you to all concerned, to the authorities who legislate on medical education, as well as to the students who may fill your halls.

Some time ago medical education in this country, especially in England, was too practical. The young aspirant to our profession was sent as an apprentice to some general practitioner, and he was taught to make pills and potions, and by-and-by to visit patients, and only after this course of instruction was he sent to school or college to pick up what science he could. After that period came a reaction, and then the only desideratum appeared to be science, and not practice. It was to be taught by specialists, and studied without reference to its application. Natural history, botany, and chemistry, even anatomy and physiology, were to be studied by the perplexed and overburdened student as pure sciences for their own sakes. The idea of medical chemistry, of surgical anatomy, or of physiology, as the institutes of medicine, was scouted as far beneath the requirements of the day. But somehow it has been discovered that there is a mistake in all this; that such an education might make scientists, but would never make practitioners of medicine; and hence another reaction is, I think, now taking place, and I hope it will not be carried too far, in favour of more practice for our students, even if they learn less science. In proof of this you find THE LANCET, which is a very good index of opinion in our profession, enunciating the dictum that medical students of the present day are "under-educated and over-examined."

For my part, I would rather say that they are often not well—not quite rightly—educated. They are over-educated, if you like, in some things and much under-educated in other things. Take physiology, for example, with the teaching of which I am very familiar. Is it not the fact that the time and the energies of the student are often wasted on what to him are trifles, while the great and important truths which are to regulate his practice are slurred over in so superficial a way that he is apt to lose sight of them altogether, and really not to know much about them? Some years ago I visited the physiological laboratory of a distinguished university at a considerable distance from Glasgow, and it so happened that some students were sitting at the table when I was shown round by their professor. He explained to me that they were answering the written questions for one of their degree examinations; and what do you think was the nature of the questions over which the perplexed students were cudgelling their brains? Were they about the functions of the kidney, or the liver, or the lungs, or any other important organ of the body? No. The students were required to describe certain very pretty physiological instruments, fine balances, sphygmographs, recording drums, &c., which were all placed before them on the table under their appropriate glass cases. I hope that did not form the whole of their examination in physiology; but the fact of this being such a remarkable part of it showed that in the lecture-room far too much importance had been put upon the methods of physiological investigations, while the results, the facts of physiology as applicable to practice, must have been proportionately less insisted on and drilled into the students' minds. The same thing might likewise be said of what are called the practical branches of the curriculum, though in my opinion all your studies ought to be practical from anatomy onwards. Suppose surgery, for example, to be taught apart from actual practice on living men and women, and anyone can see how useless it would be. The fine-spun theories of the lecturer may be plausible enough as he puts them, and the cases which he relates of course all turn out successfully, but one grain of demonstration in the wards of a hospital on the living subject must be acknowledged to be worth bushels of such oratory. The conclusion, then, to which we are necessarily driven is that lectures may be and ought to be the best preparatives, but are only preparatives, for work in the wards of the hospital; and I augur well for this school inasmuch as I hope and believe that the sentiments I have now expressed accord pretty nearly with those of your teachers, and that

they will endeavour as soon and as constantly as they can to refer you to what they will excuse me for calling the best part of their teaching—viz., that which they show you in the infirmary.

With the other part of THE LANCET'S dictum we have not so much to do here; but I have no objection to state it as my opinion that students are over-examined, because too much is required of them at that early stage of their history, and because their examiners are too often specialists in their branch who are apt to forget how defective was their own early knowledge, and also how little they know of the other subjects, on all of which the student is expected to be well informed. Surely too much is required of our students, regarded *en masse*. The bulk of them are destined to be general practitioners, and not operating surgeons or consulting physicians, and I think that the true remedy for much of the complaint now made, both of over-examining and with still better reason of unequal and uncertain examining, lies in the institution of a single board of experienced examiners, not being teachers, for each country, and a minimum qualification essential for all, but not essentially the only one for all. I say, let there be one qualification sufficient, but not more than sufficient, for a licence to practise, and let those who can and wish it add to that qualification other and higher qualifications, according to their circumstances and prospects in after-life.

But, as I must now draw these necessarily brief remarks to a conclusion, I wish, for the few minutes longer of your time which I can occupy, to urge still more specially upon you students to take fuller advantage than some of you do of the great hospital which is so near you now. Afterwards you may enjoy no such opportunities, and in your possibly distant practices you may often long in vain for another look into the wards to see how this or that case is managed there. My advice to you in plain words is, that you should seek for dresserships early in your career, so that you may have the right and be almost forced to come into actual contact with the patients. The more and the earlier you work with them the better will you be fitted for your future duties. You may not fully understand all that is said or done in the wards at first, but taken along with the instructions you receive in your classes, it is strange how quickly the required knowledge will come to you if you put your heart into your work. "Nulla dies sine linea" is a good old maxim, which in your case may be taken to mean, Let no day pass without its lesson learnt, its fact stored up in your memory. Then by the end of your sojourn here your minds will be filled with practical knowledge, and your heads and hands accustomed to bring that knowledge to bear on your patient's circumstances.

To stimulate your zeal I would remind you that the character and success of this school depend greatly on you. Your character and behaviour now will be regarded, and rightly regarded, as the index of the character which your school ought to bear; while your success hereafter will be its best recommendation to others. In short, I wish to more than hint at a qualification not often spoken of by lecturers, but which is almost as necessary for success in practice as a good knowledge of your profession—I mean quiet and gentlemanly manners, and a something in your style indicating kindly interest in all who consult you.

If you enter the graveyard of our cathedral and turn a little to the right you will come to the tombstone of Dr. Peter Low, the distinguished founder of the Faculty of Physicians and Surgeons of this city, and you will read in his quaint epitaph some such words as these—

> "Though his physic sometimes failed,
> His pleasant humour aye prevailed."

I wish we could all have such a pleasant humour. Try to have it as yours from the first, and then your recollections of this happy student-time which you are now enjoying will be unclouded with regret; and in your future lives, if cares must come, they will be less bitterly felt by you because they will be shared, in sympathy, by others whom you have assisted and comforted in their troubles.

SOME of the leading settlers at Tikorangi, New Zealand, have published a testimonial to the zeal, skill, and kindness of Dr. J. Murray Gibbes in combating an epidemic of diphtheria with which the colony has been lately visited. Such an expression of gratitude is honourable alike to doctor and patients.

ABSTRACT OF

Lecture

ON THE

EVOLUTION OF THE STETHOSCOPE.

BY SAMUEL WILKS, M.D., F.R.S.,

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INSTEAD of placing on the table every imaginary form of stethoscope manufactured out of every possible material gathered from the shops of the instrument makers, I will carry you back to the origin of the stethoscope, and you will see how, on the principle of selection and the survival of the fittest the primitive instruments have departed from the scene and are now only to be found amongst the fossilised curiosities, the relics of former ages, on the antiquated shelves of some very old medical practitioner. The stethoscope, as you know, was invented by Laennec. He relates how in the year 1816 he happened to recollect a well-known fact in acoustics of solid bodies conveying sound, and he goes on to say: "Immediately on this suggestion I rolled a quire of paper into a kind of cylinder and applied one end of it to the region of the heart and the other to my ear, and was not a little surprised and pleased to find that I could thereby perceive the action of the heart in a manner much more clear than by the application of the ear." "The first instrument which I used was a cylinder of paper formed of three quires completely rolled together and kept in shape by paste." Laennec then goes on to describe how he copied this roll of paper in wood, metals, glass and other substances, and finally he says: "In consequence of these various experiments I now employ a cylinder of wood an inch and a half in diameter and a foot long, perforated longitudinally by a bore three lines wide and hollowed out into a funnel shape to the depth of an inch and a half at one of its extremities. It is divided into two portions, partly for the convenience of carriage and partly to permit its being used of half the usual length. The instrument in this form—that is, with the funnel-shaped extremity—is used in exploring the respiration and rattle; when applied to the exploration of the heart and the voice it is converted into a simple tube with thick sides, by inserting into its excavated extremity a stopper or plug traversed by a small aperture and accurately adjusted to the excavation. This instrument I have denominated the *stethoscope*."

Fig. 1 represents Laennec's roll of paper, and Figs 2 and 3 the copy of this in wood as he describes. The latter figure

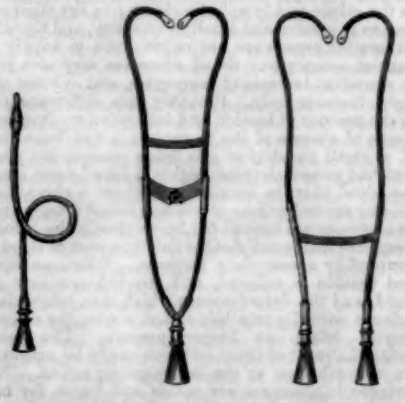
FIG. 1. FIG. 2. FIG. 3. FIG. 4. FIG. 5.

is drawn from an instrument kindly given me by Dr. Galton, of Norwood, being the stethoscope long used by his father. It does not separate into two pieces, but contains the plug which can be removed so as to leave the end hollow. Fig. 4 is the same instrument with the sides cut out to make it lighter and more elegant, the ear piece being the same as before and the mouth also hollowed out. This was the stethoscope used and recommended by the late Dr. Hughes. By making the instrument still more elegant and slender we have the modern stethoscope in endless variety, as in Fig. 5. It is thus very evident how the modern instrument has been framed out of the original block of wood which was made the counterpart of Laennec's roll of paper.

I know not who invented the instruments with flexible

tubes, but I have no doubt that a search into medical history could tell us. I remember, however, that the first flexible stethoscope which I ever saw was the one depicted in Fig. 6, and used by Dr. Golding Bird when he saw out-patients in the year 1843. Being much crippled with rheumatism, and therefore not wishing to rise from his chair, he found this instrument very convenient; he also was enabled to pass the ear-piece to gentlemen standing near him, whilst he held the cup on the part to be examined. I always thought it was his own invention. But, whether so or not, I do not think any great effort of genius was required to frame a flexible instrument, and then adapt it for the use of one or two ears. This being done, the next step would be to make two mouth-pieces to apply to the chest at different spots. Various modifications of these instruments have been made of late years, but the first notice of them I have any knowledge of in my reading is to be found in a letter to THE LANCET of Aug. 29th, 1829, by Mr. Comins of Edinburgh, headed "A Flexible Stethoscope." This was only twelve years after Laennec's invention. It is difficult from his description to picture the instrument, but it seems to have been composed

FIG. 6. FIG. 7. FIG. 8.



of jointed tubes, and made for two ears as well as one. Mr. Comins expresses his surprise that the discoverer of mediate auscultation did not suggest a flexible instrument, as he says "it can be used in the highest ranks of society without offending fastidious delicacy."

A very interesting fact was first pointed out to me by Dr. Andrew Clark, with respect to a peculiarity of the binaural in the objective appreciation of sounds; that if each ear piece be separately used, and any sound be made near the mouth-piece, it is heard in the ear itself, but if the two pieces are employed together the sound is heard at the spot where it is produced. The fact is very interesting in a physiological point of view, and further corroborates the theory as to the value of a double set of senses, or, in a word, of the body being made up of two halves, for just as the two hands feeling different parts of an object gain an idea of extension, and the two eyes by obtaining different views of any substance get a knowlege of its solidity, so in the same way the two ears listening to the same sound more thoroughly appreciate its objectivity.

If you look at this series of drawings you may perceive but little resemblance between the first figure and the last, but take them one by one and you will see that the figures are really progressive. My story of development is not imaginary, but historical.

ABERDEEN MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting of the Aberdeen Medico-Chirurgical Society, held on Thursday evening, the following office-bearers were elected for the year:—President, Dr. John Urquhart; secretary and treasurer, Dr. James Rodger; librarian, William Frazer, surgeon; council, Drs. Beveridge, Garden, W. J. Simpson, Crombie, William Fraser; representatives to the North of Scotland Medical Association, president and secretary *ex officiis;* Dr. Garden and Dr. J. C. O. Will elected.

NOTES ON CONCUSSION OF THE SPINAL CORD AND BRAIN.

BY WM. SCOVELL SAVORY, F.R.S.,
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Is the current view of the immediate cause of the paralysis which follows a severe injury, as a fracture, of some portion of the spine, correct one? Can the loss, not only of voluntary motion and sensation, but also of excito-motor reflex power in the part below, which is the usual effect, be directly due to pressure on some limited portion of the cord by the fractured bone? In experiments on animals, when the spinal cord is divided at any point, after the shock of the operation has passed off—and this is significant,—the power of reflex action in the part below, as everyone knows, remains. Why, then, is it abolished after fracture? Is it not that the violence which is sufficient to produce fracture is severe enough to produce such concussion or disturbance of the cord below as to destroy its power as a nerve centre? Instead of the common statement that the loss of reflex function is due to pressure at a particular part, would it not be more correct to say that the loss of reflex power below is the result of violence which at the part where it was directly applied was sufficient to break and displace the bone, but which has also injured the cord beyond? At all events, if the loss of reflex function be due to the fracture, it must be indirectly; to some mischief by displacement or dragging inflicted along the cord, of course far beyond the part directly implicated in the fracture; but, at least in many cases, the evidence strongly points to concussion as the cause. In a few exceptional cases, although compression of the cord by the displacement of the fractured bones continues, the portion below recovers its function as an independent centre, for the power of reflex action in the lower limbs is, after a while, restored. The extension and persistence of mischief beyond the seat of visible injury surely claim more consideration than they have hitherto received. But in any case it is not clear why the part above does not to a greater extent lose its reflex power. One would imagine, I think, that the effect of such injury would usually extend almost equally, as indeed it occasionally does, in both directions. How is the clinical fact to be explained?

The curious fact that in concussion of the brain not only may there be complete loss of consciousness for a considerable period after the injury, but that in some cases after complete recovery there may be total loss of memory of all events which have happened shortly before the injury, has not perhaps received the attention it deserves. The following cases may be taken as examples.

The driver of a hansom cab was knocked off his box by an omnibus at the top of Newgate-street, and brought to the hospital in a state of complete unconsciousness from concussion. From this he speedily recovered; but, at least for several weeks after, when he appeared to be in every respect quite well, he could not in the slightest degree recollect what he had done or seen, or where he had been in the half hour immediately before the accident. It was known that within that time he had taken up a passenger at Cornhill, and driven along Cheapside and Newgate-street, yet of this he never had the faintest recollection; but for all events up to this time his memory was excellent.

Again, a gentleman was thrown from his pony at polo, and picked up quite unconscious, in a state of concussion. He recovered from this in the course of two or three hours, and in a few days was as well as ever. But he could never recollect some striking events in the game which occurred within half an hour or so of the accident; yet up to this blank period his memory was minute and accurate.

Now, what happens in such a case? I suppose no one can tell. The substance of the brain is shaken, and presumably for a time damaged in some way or disturbed; or, as we may say, its nutrition is temporarily impaired, and thus may subsequent loss of function be accounted for. The recollection of a bygone event shows that some impression which the brain receives at the time has been registered; and this must be, I suppose, by some change, however subtle, which is more or less durable. Does the violence of the concussion somehow interfere with the registration of

such change; wiping out, as it were, the record before the ink is dry? But such guessing as this only shows how very far I am from understanding the fact.

THE PATHOLOGY OF THE BLOOD IN INFLAMMATION.

BY JAMES T. R. DAVISON, M.D. EDIN.,
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THE results obtained from the examination of some hundreds of specimens of pathological blood justify me in enunciating, as a pathological law, that "during the active period of inflammation the leucocytes of the blood are increased in numbers." The behaviour of the leucocytes under the inflammatory influence constitutes a most important help towards finding out the existence of inflammatory lesions. I need only mention those cases of obscure internal abscess and the first stages of pneumonia as examples of conditions where occasionally it is next to impossible to recognise them with certainty, and where the examination of the blood may lead us a good way on towards arriving at a certain diagnosis. This alteration of the blood is, for practical purposes, more important than the "hæmatoblastic crisis" described by M. Hayem, for while the latter comes into play at or about the time of the crisis of acute disorders, the former exhibits itself from the very first, even within a few hours from the commencement of the inflammatory process. Thus while the "hæmatoblastic crisis" may for prognostic purposes be interesting, as indicating a favourable course of the disease, it possesses no diagnostic value; but the increase of leucocytes, by indicating the existence of an inflammatory process, and that from the very first, has a great diagnostic value, while it also is an element in prognosis, for the subsidence of the inflammation will be followed by a decrease of leucocytes.

It is well known that the leucocytes are found in greater numbers in the blood during the digestive process. How is this brought about? There is no necessity to assume that this increase is due to a more active formation of leucocytes in the spleen and other blood-forming organs. Recent pathology would favour the view that the increase of leucocytes in the blood is brought about reflexly by increased contraction of the splenic muscle and probably also of the lymphatic muscles, the point of origin of the reflex action being the gastro-intestinal canal. It has long been known that the spleen was capable of muscular contraction, and it has been left to Dr. Roy recently to discover that this contraction is rhythmical in time, and the directions through which nerve force influences this contraction. Dr. Roy believes that the spleen contains a nervous mechanism which regulates its contraction, but he has shown that this contraction is also affected by nerve influence from without—for example, stimulation of the peripheral end of a cut vagus causes contraction of the organ.[1] It is therefore probable that the contraction of the gastric muscle during digestion stimulates the pneumogastric; that a nerve force is then carried to the medulla oblongata (Dr. Roy showed that stimulation of the vaso-motor centre in the medulla brought about contraction of the spleen), and thence is reflected through the vagi and splanchnics to the spleen, giving rise to increased contraction of its muscle, and thus to a discharge of leucocytes into the circulation. These leucocytes having performed their function, whatever that may be, probably return into the spleen and lymphatic glands, as they are no longer found in excess in the blood after the digestive process is ended.

Once admitting that the spleen can be made to discharge its leucocytes into the blood by a reflex action originating in the gastro-intestinal canal, and knowing the intricate and complicated connexions which exist in the sympathetic system, it will not be difficult to understand that the spleen can likewise be made to contract reflexly by a force originating in the arterioles and capillaries of any part of the body. In the inflammatory area a force—whether it be chemical, resulting from altered nutrition of the tissue cells, or nervous, reflected from a distant part—paralyses the vaso-motor nerves of the arterioles. Either this same force, or one originating in the walls of the arterioles—the result of distension caused by increase of blood-pressure in the inflammatory area—is carried to the medulla, and thence reflected to the spleen, and thus the spleen is advised that migration of leucocytes is taking place, and a call is made upon it to supply the demand made upon the blood. In inflammation there is therefore a loss of leucocytes from the blood, and an effort of nature to replace them, but, as in the case of hyperpyrexia, nature over-does what is required of it; so here the supply from the spleen and lymphatic glands is greater than the demand, and therefore it is that during the active period of inflammation we find the leucocytes in the blood in such increased numbers.

The simplest form of inflammation that can be selected for examination of the changes in the blood is an abscess, for here there can be no suspicion of other influences being at work other than the inflammatory. If the abscess be acute and large the leucocytes are found in great abundance in the blood; but if the abscess be chronic, although it may be large in size, the leucocytes are not increased to such an extent. In the one case there is an active migration of leucocytes from the capillaries, and a consequent active demand upon the spleen and lymphatic glands; in the other case the migration is passive and small in quantity, and therefore the blood-forming organs are not called upon to supply a large amount of leucocytes. Small abscesses may also give rise to an abundant increase of leucocytes, and at other times to a slight increase only. Probably this difference depends upon the amount of tension and inflammatory fever present. In a case of abscess of the finger which had lasted for nine days, a small quantity of pus being present, but where the patient had passed sleepless nights, I found more leucocytes in the blood than in another case where a chronic abscess containing several ounces of pus had lasted for some months. After abscesses are opened the leucocytes in the blood begin to disappear, but sometimes the defervescence of these cells is interrupted by a secondary increase. When an abscess is opened tension is relieved, and the inflammatory process subdued, and the defervescence which then takes place is in accordance with the principle stated above, the demand for leucocytes being no longer present. The occasional secondary increase of these cells can easily be accounted for by an exacerbation of the inflammatory action. Next in importance to abscesses are scalds and burns, for in these we have an acute inflammation with visible effusion, which develops itself in a very short time, and thus we have an opportunity of examining the blood almost at the commencement of the inflammation. The leucocytes are always increased, and this increase I have noticed as early as two and a half hours from the application of the irritant, clearly proving that the blood-forming organs have acted reflexly and emptied themselves of part of their contents, for in such a short time as two and a half hours the spleen and lymphatics could not have formed all the extra leucocytes found in the blood. In cases of severe scalds and burns the excess of leucocytes may last for a long time, as a pus-secreting surface is left, and hence the migration of leucocytes continues. The same conditions exist in old discharging extensive surfaces, and the same excess of leucocytes is found in the blood. Again, the same principle is manifested in inflammation of serous membranes. In pleurisy the leucocytes may be present in very large numbers, diminishing with the lowering of the temperature. In pleurisy, as in other inflammations, a return of the temperature to normal is not immediately followed by a sudden and rapid decrease of the leucocytes. It is easier for the white corpuscles to enter the circulation than to leave it. Doubtless the lowering of the blood-pressure which takes place at the crisis of an acute inflammation favours the return of the leucocytes from the blood, for the consequent retardation of the peripheral circulation is the nearest physiological approach to pathological stasis, and thus the leucocytes are placed under the best possible circumstances to attach themselves to the capillary walls, and eventually to regain the lymphatic system. Still this cannot take place in a short time, and it is, therefore, that the inflammatory crisis is not immediately followed by a sudden and rapid decrease of the leucocytes. In peritonitis and acute bursitis I found the white corpuscles in excess. In a case of double effusion into the knee-joints four days old, with a temperature of 100·4°, I did not find an increase of the white corpuscles, and here I may state that my ex-

[1] Journal of Physiology, vol. iii., No. 2.

aminations hitherto have been made without the aid of the hæmacytometer, so that what I have observed was what was obvious to any eye educated to estimate the normal amount of leucocytes by glancing over different parts of the field, and thus when the increase of leucocytes was very slight, it would have been unappreciable to the eye; and in this way I must account for the apparent absence of the excess of leucocytes in this case, bearing in mind at the same time that a small migration of leucocytes, apart from tension and inflammatory fever, will call for a small supply from the blood-forming organs, and as the effusion subsided in this case, the amount of white cells it contained must have been small. Somewhat similar to this case are those of chronic synovitis of the knee and hip, and of chronic swelling of rheumatic joints. In all these instances the serous membrane is inflamed, but the inflammation is passive, the migration of leucocytes small, and hence in the blood we find the white corpuscles either normal in quantity or only very slightly increased. In acute rheumatism the white cells are always increased; sometimes the increase is very slight, and sometimes very abundant, and it appears that the greater the number of joints swollen, provided the swelling is accompanied by pain, the greater is the increase of leucocytes—that is, the increase of the cells keeps pace with the extent of the inflammatory serous surface. Once more, in inflammation of the mucous membrane the same principle is manifested. In acute bronchitis the excess of leucocytes subsides with lowering of the temperature and decrease of expectoration (if purulent); but if the temperature comes down and the expectoration remains of the same quantity the excess of leucocytes is not affected. It appears, too, that the leucocytes increase more when the expectoration is green than when it is of other kinds. The same increase is found in inflammation of other mucous membranes — in diarrhœa, dysentery, acute laryngitis, and cystitis. The results obtained from the examination of the blood of phthisical patients have been very interesting. The leucocytes are sometimes very abundant. I found that whenever high temperature, green expectoration, and auscultatory accompaniments were present together, the increase of leucocytes was well marked. On the other hand, if there were no accompaniments on auscultation and the expectoration was not green, even if the temperature was a little above normal and profuse night sweats were present, the increase of leucocytes was very slight. This clearly proves that the increase of these cells in phthisis is not the result of the cachexia, but is determined by an inflammatory action, or by the activity of pus-secreting surfaces of cavities, this latter action being practically inflammatory as regards the migration of leucocytes. In pneumonia the excess of leucocytes is generally very marked, and is thus of great diagnostic value. Lastly, in acute inflammation of other organs the same excess is noticed—for example, in tonsillitis, orchitis, eczema —and even in the inflammation excited at the seat of fractures of long bones.

(To be concluded.)

THE UNITY OF SURGICAL PRINCIPLES IN WOUND AND FRACTURE TREATMENT.

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CONSULTING SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

(Concluded from p. 841.)

GENERALISATIONS are proverbially difficult in a science and practice like that of surgery. However sound be their foundation, however close the reasonings by which they are arrived at, their success in particular cases depends on the judgment, skill, and care with which they are applied. To the reservations already made I must add something on "dry dressing," which, unqualified, is a very misleading designation of this plan of treatment. It is certainly entitled to be called "dry dressing," inasmuch as water is not used, and even astringent or anti-putrescent lotions very sparingly so; but success demands attention to all the essentials of the physiological treatment of surgical injuries—immobility, position, and pressure, drainage and infrequent dressing, pure and non-putrescent materials; gentle, patient, and skilled manipulation; intelligent and unceasing watchfulness of constitutional states.

Fresh wounds without loss of substance are particularly suited for the plan of treatment here recommended. They should be put up without water, the edges accurately in contact; always bearing in mind the necessity of providing for drainage outwards of any effused fluid. Under absorbent pads and elastic pressure, with absolute rest and attention to position, the vast majority of fresh wounds heal rapidly, solidly, and painlessly. When the dressing is changed, which it should only be infrequently, no water should be employed; but if there be any discharge and necessity for cleaning, this can best be done with a pledget of dry lint or of absorbent gauze and cotton; all manipulations to be of the lightest. Such dry dressing simulates the natural scabbing process, but is really more perfect. Wounds of many inches in length heal so directly and perfectly under dry dressing and elastic pressure, that in the course of a few days it is often difficult to detect the fine linear scar on the dry and shrivelled skin. If a fresh wound be attended with loss of substance, some boroglycerine should be poured on the part before application; it prevents too close adhesiveness, and possible bleeding, when the dressing is removed, and has the further advantage of preventing decomposition.

The necessary employment of sutures and adhesive plasters, according to requirements, need not be dwelt upon, and I shall only briefly remark that instead of, or in addition to, such bonds of union, I frequently employ styptic colloid, compound tincture of benzoin, or collodion.

In wounds with large loss of substance, if healing be slow, action may profitably be stimulated by a variety of the well-known astringent applications in ointment or lotion, than which I do not know a better than the old red lotion,[1] with a liberal addition of glycerine. Position, rest, and pressure remain cardinal indications, poultices and water prohibited. By this I mean stagnant water in the shape of water dressing, which is nearly as potent as a poultice in promoting suppuration and decomposition. It is otherwise with cold-water irrigation, which is consistent with, nay may be made conducive to, perfect drainage, and by its astringent and sedative action produces effects very similar to those of rest and pressure. Cold irrigation is not easy to apply continuously comfortably, and one of its great advantages, the low temperature, may be secured by ice bags.

I hope I have made it clear that while the absence of water is a prominent feature of the dry dressing method, an essential is the maintenance of immovable apposition under elastic pressure, whereby the dynamics of the circulation are so controlled that the part is only allowed blood enough to nourish it. Irritation, the great cause of stasis and effusion, is reduced to a minimum, and the part is maintained in a state the nearest approaching to inaction and dryness. In direct proportion the material and the possibilities of decomposition are averted.

Contused and inflamed wounds likewise afford conclusive evidence of the soundness and general applicability of the principles and method just related. The dressing which I hold in my hand was removed from one of the *employés* in an iron warehouse. He was moving some pigs of iron, when one, weighing a little over a hundredweight, fell on his right foot. I saw the case very shortly afterwards, and found the foot very much swollen, its bony outline obliterated, the skin bluish and shining, with a star-shaped wound on the centre of the instep. Having satisfied myself that no foreign body was present, I dried the wound and placed over the dorsum of the foot this fold of lint, well soaked with compound tincture of benzoin, over it this large pad of absorbent gauze and cotton, and then a compressive bandage from the roots of the toes to the middle of the leg. I enjoined my patient to keep perfectly quiet, lying during the day with his head at the foot of a sofa and the injured foot over its head. I did not remove the dressing until the eighth day, when the wound was healed, the outline of the limb perfect, and though the skin was mottled, as from a bruise, up to the middle of the leg, it was cool and painless.

You see how the blood had penetrated, though in small quantity, through the dressings, and dried on the outside. The tincture of benzoin had acted as a coagulant and anti-putrescent, and drying into the lint served the purposes of a

[1] A solution of one to two grains of sulphate of zinc in water, with the addition of some compound tincture of lavender.

mould. Its styptic property was assisted by pressure and position, under which the effusion was absorbed; the part shrank, and the wound healed without any further interference. This result, a typical one of the method, was not a simple consequence of a dry application, but due to a variety of causes which combined in controlling the circulation and promoting reparative action in accordance with demonstrably true principles of animal physics.

A punctured and inflamed wound of a much more serious kind, but with equally happy issue, calls for a few words. I was asked to see a licensed victualler who a week previously, while carving a joint, had thrust the point of a long knife into the centre of the palm of the left hand. He proceeded at once to a neighbouring hospital, where the hæmorrhage was arrested and a carbolic dressing applied. Hæmorrhage recurred the third day, and the padded wooden splint, which I have here, was firmly applied with a calico roller to the hand, and the patient sent home with the request to attend in a few days. The arm swelled, pain was intense, and my attendance was requested. The splint you notice is barely long enough to reach from the tips of the fingers to the wrist —a useless contrivance for purposes of rest, a fulcrum for intolerable pressure under the strong calico roller firmly applied to check the bleeding. I found the palm of the swollen hand full of filth, which I lightly cleaned out with dry lint; blood issued rather freely from the wound, into which I lightly brushed iodised colloid with a camel-hair pencil. I put the man to bed, and raising the limb in the vertical position padded it and bandaged it, interlacing the spiral turns every now and then with a piece of moistened millboard. I left the man in bed, with the hand well raised, in perfect comfort. He had had no sleep for nights, but was never disturbed afterwards; with four changes of pads in a fortnight swelling rapidly subsided, and healing was perfect without an untoward symptom. Pressure over a short strong splint like this is just the oppressive constriction which cannot be borne, and is a source of incalculable mischief. On the other hand, the equable elastic pressure subsequently employed, with absolute rest and position on sound priciples of vital dynamics, conduced to a surgical result in which the dry dressing was merely one factor.

Only the other day I was asked to see this case in consultation. A gentleman had bruised the front of his leg against the step of his carriage. The part injured was not the shin, as is usual, but the muscles outside it. Cooling lotions had been applied for two or three days; but, swelling and heat increasing, poultices were substituted, and an incision for the evacuation of matter was contemplated when I was called in. I found the part much swollen, red, and tender, and have no doubt that an opening would have given exit to pus. But the patient being very averse to the knife, I consented to endeavour to avert it, while stating clearly that the surgeon was justified in recommending it. With his assistance I raised the limb vertically, padded it and bandaged it over interlacing strips of wet dextrined millboard from the toes to the knee. The patient was ordered to remain in bed with his leg in a swing. In a few hours the bandages and millboard lattice-work were comparatively loose. Every twelve hours an outside bandage was applied with equable pressure, and at the end of forty-eight hours the limb was exposed; we found it pale, cool, shrunken, and painless.

If this may seem to point to a too mechanical doctrine of inflammatory development and treatment, I beg you to recall your experience of the everyday surgery of the upper and lower limbs. How rare are congestions and ulcerations of the former, how common of the latter. Here is a big, boggy, red leg, with a saphena vein nearly as big as an index finger, and an irregular, dirty red, filthy sore, nearly as large as the palm of the hand, the surface of the limb tense and shining, and often so tender as scarcely to bear being touched with a feather. Put the man on his back, raise the leg vertically by the heel, in one minute by accurate test I have found the circumference at mid-calf diminish exactly one inch. While an assistant supports the heel, strap the leg from the ankle to the knee with perfectly equable pressure, leaving two or three narrow interspaces for drainage opposite the ulcer. Over the plasters covering it, and surrounding the leg, place a good large pad of absorbent gauze and cotton; then bandage spirally and evenly from the toes to the knee with a good compress over the vein. If the patient can rest a day or two with his leg in a swing all the better; but even if he walks about at once, the compressive apparatus soon becomes loose. When it is opened in two or three days the pad is full of discharge, the limb much shrunken and paler; cleanse it with dry lint or absorbent cotton, reapply the same apparatus, change it every fourth or fifth day, and healing progresses in comfort and without a check. Should the sore seem languid at any one of the dressings, it may be beneficially lightly touched with sulphate of copper, or have a zinc and glycerine lotion brushed over it, with a camel-hair pencil. In the main, the state of such a leg is owing originally to disturbed nutrition from interference with the circulation by mechanical causes. So, too, its healing is brought about by restoring that balance of physical conditions, which is essential to the equilibrium of blood-supply, innervation, and healthy nutrition.

On the same principles, and practically by the same method, most cases of so-called erysipelas after injury may be successfully treated. Under wet applications they spread; whereas they rapidly subside under the elastic pressure of dry absorbent gauze and cotton pads and perfect bandaging. Even when the subjacent tissues have become sloughy, and matter has formed, subsidence on the plan indicated is most rapid, all the more so if due attention be paid to position, and digital compression be applied to the main artery. These principles of treatment follow physiological lines. Injuries are serious in direct proportion as they interfere with the exercise of healthy living functions; to preserve and restore them must be the surgeon's great aim in treatment; and he will be successful in direct proportion as he imitates and assists the natural processes.

To those who have noticed the omission of reference to so-called antiseptic surgery, I beg permission to address a few remarks. Life is the great antiseptic. Preserve it, restore healthy function, control by rest, position, and pressure, nervous, vascular, and muscular action, so as to minimise the material for, and the causes of, discharge, carry it off as it is produced by drainage-tubes and absorbent dressings, and the repair of injuries proceeds like healthy nutrition, uninterruptedly and painlessly. That infection is always floating in the atmosphere, ready to settle in the shape of impalpable and implacable germs into any breach which may be made in the surface of a living body, is an idea which has never troubled me.

When, in 1867, Sir James Simpson was working out his acupressure, he applied to me for some information, suggested to him on reading my papers on "The Present State of Surgery in Paris," just previously published in THE LANCET. To illustrate one point, I requested my then house-surgeon to tabulate all the operations of any moment which I had performed during his tenure of office, a period of about two years and nine months, during which I had discarded poultices, water dressings as little better, and dressed wounds mainly by rest, position, and pressure with pads of dry lint. Excluding a large number of minor operations, all of which were successful, the total reached 107 operations, amongst which were three of lithotomy, ovariotomy two, fistula in ano twelve, trephining skull one, removal of bony sequestra six, ligature and division of varicose veins two, removals of female breasts twelve, removals of tumours sixteen, excision of elbow four, amputations of arm, wrist, thigh, leg, and ankle twelve, partial amputations of hand and foot twenty-five, with the result of three deaths in 107 operations, an average of my general surgical experience. The prescription to rub strong carbolic acid into the innermost recesses of a compound fracture, to pursue and kill the germs; the warning that an antiseptic dressing may lose all its potency through a hole no bigger than a pin's point in the investing mackintosh, admitting countless germs; that a dressing must be changed so soon as a little discharge permeates it, lest a septic channel be established for the ubiquitous and maleficent vibrios; that these will settle down as a swarm from the air on a granulating sore if the spray be not kept in action while it is dressed,—are a few of the fallacies which have never had any dread for me. That as accessories to wound treatment antiseptics possess real value is an old truth, for insisting on which the world will ever be indebted to those from whom I have felt compelled to express qualified, but material, dissent. Their error has consisted in exaggerating incidents and underrating essentials; in predicating from experiments on dead organic matter the action of living tissues; in pretending to found a new surgery; in under-estimating truths which may not have the allurement of novelty or of speculative generalisation, but which are none the less the demonstrably sound foundations of surgery as a science, one and indivisible.

If, dealing with facts and principles, I have not mentioned authors by name, it has been for two reasons. I have been anxious to steer clear of personal controversy, which is one of the most formidable obstacles in the way of calm discussion; and it would have been impossible to refer to some authorities without seeming, but unintended, disregard of others.

Far from underrating the importance of the literature and history of the subject, I feel very deeply that if it had been better known, there would be less necessity for combating errors long since exposed, and insisting on truths inadequately appreciated or undeservedly forgotten.

Addressing myself, as by your permission I have had the privilege of doing this evening, to the Medical Society of London, I have felt that this was no occasion for a display of surgical erudition; I have rather fixed upon it as a good opportunity to elicit, by plain statement, an expression of opinion to test the possibility of agreement, after elimination of unsubstantial differences, on the essential unity of surgical principles in the treatment of wounds and fractures.[2]

CASES FROM COUNTRY PRACTICE.[1]

BY H. MALLINS, M.B., M.CH. T.C.D.

CASE OF TUMOUR OF THE CEREBELLUM.

ANNE L——, aged sixty-one years, a labourer's wife, the mother of a numerous family, first came under observation on March 15th, 1881. Her family history is very good; her mother is still alive. With the exception of some gouty attacks, she has enjoyed good health until about a year ago, when she commenced to complain of headache. She was considered to be suffering from megraine, and improved somewhat under treatment directed against that affection. The pain in the head, however, did not entirely leave her, and towards the end of July it again became very severe, radiating from the occipital region forwards all over the head, attended with frequent vomiting and extreme tenderness of the scalp. Double vision was now noticed for the first time. No paralysis could be made out, but a condition of general muscular debility was well marked. From this time to the date of her death she was confined to her bed. When able to walk no tottering gait had been noticed. The diagnosis of a tumour of the cerebellum was now made, grounded chiefly on the two symptoms of persistent pain in the head and constant vomiting.

Nov. 1st: The pain is now referred more to the right frontal region than elsewhere. Since last report the sight of the left eye has been completely lost; both pupils are normal. There has been no vomiting for the last two weeks. —7th: The sickness has returned. There is slight left strabismus. The sight of the right eye is becoming affected. The conjunctivæ of both eyes are injected, and are the seat of much "pricking and watering."—14th: The pain, which is as severe as ever, is now described as being of a pulsatile character, and is felt all over the head. The sight of the right eye is a little improved. A feeling of numbness is felt over the whole body when she assumes the standing position, which she cannot do without assistance. The vomiting continues, though occasionally ceasing for a few days. The tongue is coated with a thick whitish fur, and has been so for several months past. She complains very bitterly of the unpleasant taste in her mouth. The bowels are obstinately constipated, and only respond to a sharp purgative.—19th: The sight of the right eye is nearly gone. Her hearing seems affected now. When spoken to she turns her head away from the speaker as if the voice seemed to come from a point opposite the real one. The intellect seems to be getting clouded. The general muscular paresis is more pronounced.—22nd: Both pupils dilated, and insensible to light. Convergent strabismus of eyes, more decided on left side; the oscillation of both eyeballs prevented a satisfactory examination with the ophthalmoscope. She can still see, but very imperfectly, with the right eye; still complains of a nasty stinking taste in her mouth. Pulse 72, intermittent. Respiration very slow, 12 in the minute. A numb feeling of "pins and needles" in both hands and feet, accompanied by a sensation of cold in the parts, is now complained of.

Jan. 31st, 1882: Pain of head continues. It now extends down the back of the neck, accompanied by stiffness of the latter. The sight of both eyes is now gone.

Feb. 16th: The vomiting has ceased since last report. Beyond a tendency to delirium at night, there is no change to record.

March 5th: Intellect more clouded; keeps talking to herself, though sensible enough when roused. The pain in the head now comes on in paroxysms, attended with slight muscular contractions of the limbs.—31st: Slowly getting worse; passes everything under her; vomiting very rarely occurs now; she has great difficulty in moving either upper or lower extremity as she lies in bed. Bedsores are beginning to form over the sacrum.

April 12th: Complete paralysis of both upper and lower extremities; has great difficulty in swallowing; is almost unconscious, answering yes to every question.—20th: Sank quietly at 1 P.M.

Autopsy, twenty-eight hours after death.—Head alone examined. Dura mater slightly adherent to calvaria in the left fronto-parietal region. Upper surface of brain healthy in every respect. On viewing the base of the brain, however, the eye is at once struck by a tumour of a dark reddish-blue colour (very like a piece of placenta), lodged between the pons Varolii, whose substance it has deeply indented internally, the left lobe of the cerebellum posteriorly, and the cerebral mass anteriorly and externally. Irregularly roundish in shape, about two inches in diameter, of soft, friable consistence, it seems to spring from the upper surface of the left lobe of the cerebellum, with the pia mater of which it has a very intimate connexion. The tumour was examined by a special committee of the Norwich Medical and Chirurgical Society, and pronounced to be a glioma.

Watton, Norfolk.

NOTES ON MEASLES.

BY WALLACE B. CROSKERY, L.K.Q.C.P.I., &c.

I HAVE before me notes of many cases of measles which came under my own observation, and having taken those notes with the special object to, at one time, define clearly for myself, and possibly for others, special points in the disease, I think that I might now draw attention to the points I arranged my notes to make clear. The first points in the disease to which I wish to call attention are the slight amount of exposure to contagion necessary to contract it, and the early period at which infection may be given off.

W. C——, the son of a medical man, was sitting at home when his father entered the room, having come straight from a case of measles. The latter, forgetting that he had omitted to take the usual precaution to disinfect his hands, bent over the son and stroked his face several times. Suddenly he remembered the case he had just left and his sin of omission, and at once passed over the boy's face a towel sprinkled with a solution of carbolic acid. W. C—— sickened in ten days with measles. This case will illustrate the slight amount of exposure necessary, and the communication of the disease through a third person. C. D—— drove in the same cab with W. C—— to school; on the same day W. C—— came home early, shivering, and with a temperature of 101°. On the morning of the fifth day, or ninety-six hours after invasion, the rash of measles developed on W. C——. In the course of ten days C. D—— sickened. This will illustrate exposure on the very first day of invasion, followed by the communication of the disease. I have had many cases which came under my observation before the eruption where, suspecting measles coming on, I had complete isolation with the usual disinfecting precautions observed, and yet the disease developed in due course among other members of the family.

Period of Incubation.—I have seen various statements as to this, some writers on the subject giving a much longer time than I have yet observed. In the great majority of my cases nine to ten days after the exposure the premonitory symptoms set in. I have some where eleven days, and a

[2] For a report of the discussion on this paper at the Medical Society of London, see THE LANCET, Nov. 18th, p. 851. All the dressings and materials referred to are prepared by Messrs. Southall Brothers and Barclay. A handy and elegant case, containing absorbent and antiseptic pads and bandages, plaster splints, styptic colloid, boroglycerine, ether, and instruments for the treatment of surgical injuries on physiological principles, has been arranged by Messrs. Salt and Son, Surgical Instrument Makers, Bull-street, Birmingham.

[1] Read before the Norwich Medical and Chirurgical Society.

few where twelve days, elapsed before the disease showed itself. I am disposed to think that the long period is where the patients have more resisting powers, as my cases of twelve days, whether accidental or otherwise, were the parents who took it from their children. I think the one exposed to contagion, after a quarantine of fourteen days, may, in the vast majority of cases, be declared to escape the disease, if he or she has a normal temperature and none of the symptoms after the lapse of that interval.

Period from Invasion to Eruption.—This period I consider full of interest, the special points being the temperature and the day of eruption. The disease occasionally sets in with a temperature of 101° or higher. Frequently on the second day, especially in the morning, the temperature has gone down to normal; so that at this stage, when sometimes the other symptoms are badly marked, the ailment may be declared—unless one has considerable experience in the course of measles—to be simply a feverish attack now passing off. On the third day, however, the temperature again rises, and the symptoms become more obvious. The highest temperature is usually reached about twelve hours before the eruption, at the eruption, or twelve hours after the eruption begins to come out. A temperature of 103·5° I should set down as the average at this period, though I have frequently seen 104°, and occasionally 105°. I have watched several cases from day to day, and have notes of two cases where no eruption whatever appeared till the morning of the fifth day, or ninety-six hours after the first rise of temperature was observed. Occasionally, however, I have seen it make its appearance at the close of the third day, but much more frequently on the morning or evening of the fourth day—that is, from seventy-two to eighty-four hours after invasion. I have dwelt on these two points more especially as one does not often see cases of measles till the eruption has already appeared, and my object has been to show that, notwithstanding the temperature occasionally falling to normal twenty-four hours after invasion, or notwithstanding four entire days elapsing without rash, still measles is in no way contra-indicated.

Eruption to decline.—The temperature generally falls rapidly once the eruption has well appeared. In from twelve to twenty-four hours after the highest temperature has been reached I have seen a fall of from three to four degrees frequently, with possibly a subsequent rise of a degree or two twelve hours after. Normal temperature in an uncomplicated case is reached on the seventh or eighth day after invasion. The respiration should always be counted as the time for eruption approaches, and for a day or two after it has already approached, and the chest occasionally examined. The respiration about this period may number thirty, thirty-five, or even forty, without any bronchitis or pneumonia being present; but any greater number, unless the temperature is very high, will usually indicate some chest complication. I say unless the temperature is very high, because I have seen from fifty to sixty respirations per minute due to a temperature of 105°, where no abnormal condition of the lungs or bronchial tubes existed.

Isolation.—This, with the usual disinfecting precautions, ought to be commenced as early as possible, and carried on for some time after the eruption has disappeared. I generally advise at least a week to elapse after the fall of the temperature to normal, or the entire disappearance of the rash, before I allow my patient to see anyone other than those engaged in nursing. During this interval the patient has a couple or three baths, using carbolic soap freely. I think, then, after the room and clothes have been disinfected, all contagion is gone.

There is one misleading symptom occasionally present in the early stages to which I wish to direct attention. I refer to the character of the cough. I have seen it of such an exceedingly croupy nature that croup and not measles might be looked for. I had one case, indeed, followed by croupous or plastic bronchitis, where—the measles having subsided—casts of the bronchial tubes were expectorated; but, as a rule, the cough, in the cases where it is croupy, loses this distinctive character after the eruption has come well out.

Downpatrick.

Two "physicians," alleged quacks, have (says the *Medical News*) been fined in New York City for illegally practising medicine. In Great Britain quacks are prosecuted, not for practising, but for using any title or description implying that they are legally qualified to practise.

REMOVAL OF MALIGNANT TUMOUR OF THE NECK,

INVOLVING THE STERNO-MASTOID MUSCLE AND INTERNAL JUGULAR VEIN.

BY G. H. HUME, M.D.,

SURGEON TO THE NEWCASTLE-ON-TYNE INFIRMARY.

SOME years ago attention was drawn to the subject of removal of tumours of the neck by the late Professor Spence, who published two successful cases in which the mass removed was of great size. Mr. Spence pointed out the necessity of carefully determining the nature of the tumour before undertaking such operations, and laid stress upon the signs which distinguish growths of a non-malignant from those of a malignant character. At the time Mr. Spence published his cases he had been able to discover the record of only four similar operations by British surgeons. His cases served to demonstrate the practicability of the removal of even very large tumours underneath the sterno-mastoid when these are of a non-malignant nature, and therefore more or less completely encapsuled, and such operations have frequently been successfully undertaken since. In the case of malignant growths in this situation, on the other hand, it is usually laid down that they ought not to be interfered with. But to this rule there are exceptions, and an attempt at removal seems to be justified whenever recent origin, fairly defined limits, and comparative mobility, render it probable that the growth can be entirely extirpated.

The following case is recorded as an instance of such a tumour which though involving important parts admitted of complete and, so far as can be judged, successful removal.

Mr. B——, steamboat owner, aged sixty-six, was sent to consult me in March last by Dr. Peart of North Shields, on account of a tumour of the left side of the neck. It had been noticed four months, and was increasing rather rapidly. It had been occasionally the seat of pain, and beyond a slight interference with swallowing did not cause other inconvenience. There was no engorgement of the veins of the face. The growth, which was hard and nodular, extended from the level of the upper border of the thyroid cartilage to the clavicle, being situated underneath and evidently involving the sterno-mastoid muscle. The limits of the tumour were defined as regards its upper, lower, anterior, and posterior margins, and the overlying skin was free, but an incomplete mobility suggested doubt as to its deep connexions. The tumour was evidently malignant, and its removal without delay was advised. The operation was performed on March 23rd with the assistance of Drs. Peart and E. Brumwell. An incision was made through the skin from below the mastoid process to the clavicle, and a second incision was made backwards from the first so as to obtain space. The clavicular part of the sterno-mastoid was next cut through above and below the tumour, and as the sternal portion was not involved it was separated and displaced to the front. The mass was then freed behind and inferiorly. The omo-hyoid was found to enter the tumour and was divided. In clearing the inferior border the dissection was pursued carefully till the deep vessels were reached. It was then found that the growth was closely connected to the internal jugular vein, and a double catgut ligature was passed round the vessel and held in readiness. Continuing the dissection upwards, the tumour was seen to be closely attached to the anterior wall of the vein for the extent of about three inches. The ligature which had been passed was therefore tied, and the vein divided. A second double ligature was in the same way applied, and the vein divided above its connexion with the tumour. There was then no difficulty in separating the mass with the adherent portion of vein from the carotid artery and pneumogastric nerve, and completing its removal. The descendens noni was not seen. The patient went on well after the operation. For a few days he had difficulty and pain in swallowing, which seemed mainly due to the disturbance of parts which the act involved. The lines of incision healed almost by first intention, but discharge continued from the cavity for some time, and the drainage-tube was not finally removed till the end of three weeks.

Microscopic examination of the growth showed it to be

carcinomatous. It consisted of cells of irregular form, with multiple nuclei, the cell-masses being traversed by connective-tissue stroma. There has been so far no return of the disease.

Newcastle-on-Tyne.

DEATH AFTER ABDOMINAL OPERATIONS FROM HEART-CLOT, DUE TO DISEASE OF THE KIDNEYS.

BY LAWSON TAIT, F.R.C.S. ENG.

DEATHS after any kind of abdominal operation are now becoming so rare, from the elimination of preventable causes, that we seem likely to gain an insight into causes which are not preventable. Amongst these, in my recent experience, the most prominent has been heart-clot. In deaths after ovariotomy it seems to be clearly associated with the impoverishment of the blood resulting from repeated tappings. But it has occurred to me twice lately in other cases, where tapping was not an element. One was a case of removal of the uterine appendages for chronically inflamed and adherent ovaries, and the other was a case of removal of a pediculated myoma. The patients were respectively forty-one and fifty-one years of age, and in neither of them did examination of the urine give any evidence of disease of the kidneys. They both died in the same way thirty-six hours after the operation, the only feature being an extremely rapid rise of the pulse beginning in about twenty hours. The conditions found after death were precisely the same; adherent clot in the heart chambers and (to quote the words of Dr. Saundby, who made the post-mortem examinations) "both kidneys small, the capsules adherent, the cortices narrow, not more than one-eighth of an inch in breadth." The details of the operations were found to be quite satisfactory.

The facts of these two cases are too closely identical to form a mere coincidence, and from my past experience I feel strongly that, but for the condition of the kidneys, they would both have recovered.

I write this note to ask help from those who are familiar with kidney troubles upon two points: Could I have discovered, in any way at present unknown to ME, the state of the kidneys, and could I have done anything in the way of preparatory treatment to prevent the formation of the heart-clot? I have removed tumours, in many instances, knowing of the existence of serious visceral disease, including Bright's disease, and the patients have recovered. But in this (to me) unrecognisable kidney atrophy there seems to be a serious bar to operative success.

Birmingham.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

MALIGNANT DISEASE OF THE PYLORUS; REMOVAL; DEATH.

(Under the care of Dr. BRISTOWE and Mr. SYDNEY JONES.)

THE following are the details of the case of excision of the pylorus mentioned in our columns on the 28th ult., p. 720.

J. B——, aged fifty-seven, a stationer's assistant, was admitted into the hospital under the care of Dr. Bristowe on Sept. 22nd, 1882, with the following history:—He had always been healthy, never having had any serious illness, until the beginning of last May, when he complained of tightness over the upper part of the abdomen, with loss of appetite and inability to take fatty food without a feeling of nausea and regurgitation. From that time the feeling of tightness, with increasing soreness of the region mentioned, had continued, and he had had occasional vomiting. He had also lost sixteen pounds in weight during the time. When admitted under Dr. Bristowe's care his condition was as follows:—Patient much emaciated, and complaining of pain in the abdomen on movement, followed by a feeling of sickness and of loss of appetite. On examination of the abdomen a hard, rounded, but somewhat irregular lump, from one and a half to two inches in diameter, is to be felt a little below the ribs on the right side, it is readily movable within narrow limits, and chiefly in the vertical direction; its centre is about an inch above and two inches to the right of the umbilicus. Its dulness is apparently continuous above with that of the liver, its lower edge extends from half an inch to an inch below the umbilicus. Its left border is about a finger's breadth, and its right border about four fingers' breadth, from the same part. It pulsates, but the pulsation is evidently communicated from the aorta. Liver dulness begins at the sixth rib, and is continuous with that of the growth; edge cannot be felt. Spleen normal. Tongue is a little coated. Appetite variable; no vomiting. Bowels open. Nothing abnormal in chest. Urine 1020; no albumen, lithates.—Sept. 6th: Was sick this morning for the first time since admission. Bowels regular. Sleeps fairly well at night.—27th: No further vomiting; felt a good deal of pain in the night, which he describes as a burning heat in the stomach.—29th: Patient feels easier this morning, has had no return of the sickness. Abdomen is not nearly so tender as it was.

Oct. 3rd.—Tongue coated, white, and dry; appetite good, bowels open. Complains of shooting pains across the umbilical region, and distension after eating.—6th: The patient is expectorating a good deal, but there are no abnormal signs to be detected in the lungs. Resonance extends round the tumour, excepting perhaps for a short distance where it adjoins the liver. From this date until the 15th there was no marked change beyond the gradual emaciation of the patient and perhaps slight increase in size of tumour; he only vomited very occasionally, complaining chiefly of distension after food and slight pain in the tumour, which was apparently lower down and more fixed, not moving with respiration. There had been no elevation of temperature whilst he was under observation.

The question as to the nature of the tumour was carefully considered and discussed from the time of the patient's admission up to the time of the operation. The possibility of its being an enlarged and diseased gall-bladder, a movable kidney, an aneurism, or a growth originating apart from the stomach in the peritoneum, had due weight given to it, and was fully argued out. The only one of the alternatives that seemed to deserve any serious consideration was that of its being a tumour originating in the great omentum or some other part of the peritoneum, and this would scarcely have deserved entertaining were it not for the fact that some of the most common and distinctive signs of pyloric disease were absent in this case. The patient while in the hospital enjoyed a fair appetite, he was very rarely sick, he never vomited blood, and the stomach was not greatly distended. Further, it was thought by some that the situation of the tumour was lower than could be well explained by its being a tumour of the pylorus. Dr. Bristowe, however, whilst admitting the possibility of its being a peritoneal growth, adhered to the opinion he had at first formed, that the case was one of carcinoma of the pylorus. The patient from the first expressed a strong wish to have the growth, whatever it was, removed. And considering that, notwithstanding his fair appetite, he was steadily growing weaker and thinner, at length it was determined to consult Mr. Sydney Jones with respect to the feasibility of an operation, and to put the matter plainly before the patient. The operation was not urged upon the patient, and the risk attending it was put before him clearly. He decided to have it performed. No doubt the patient would have lived some little time longer had his case been left to nature. But it was felt that any hope of benefit would be much greater now than if the operation were put off until the patient was sinking. In a former case, too, which had been under Dr. Bristowe's care, and the question of removal of diseased pylorus had been considered and determined upon, the patient only gave his consent when he was moribund, and too ill to have any operation performed.

Mr. Sydney Jones having agreed to operate, on the 15th of October the stomach was washed out with water, and from that date until the 17th he was only allowed skimmed milk, taking about two pints daily. The stomach was again

washed out about an hour before the operation, which commenced at 2.15 P.M. of the 17th, and was carried out under the spray (1 of carbolic acid to 80 of warm water), and afterwards dressed with antiseptic precautions in the usual manner. Ether having been administered, Mr. Sydney Jones made an oblique incision extending from left to right, commencing an inch to the left of the middle line and four inches below the ensiform cartilage, four and a half inches in length, inclined downwards, carefully dividing the various layers until the peritoneum was reached, when, having arrested all hæmorrhage, the peritoneum was divided on a director to the extent of the previous incision. In the upper part of the wound, which gaped widely, the border of the liver was seen rising and falling under the costal arch with respiration, which was then jerky and irregular, whilst the growth was exposed about the centre of the wound. The gall-bladder was not seen.' Slightly to the right of the middle line was a vertical band passing upwards to the liver and covered with a reflexion of the peritoneum, this, which was the round ligament, was divided between a pair of clamp forceps and both ends of a small vessel ligatured. Other peritoneal adhesions existed in this neighbourhood. The tumour, which was larger than a duck's egg, was connected by numerous adhesions to the surrounding parts, and below it, close to the head of the pancreas, were a good many infiltrated glands about the size of small nuts. The great omentum was divided in pieces between double ligatures. The tumour being now more free, the stomach was lifted up towards its pyloric end and flannels wrung out of warm water were placed under it to prevent bleeding into the peritoneal cavity. The lesser omentum connected with the pyloric end of the stomach was gradually cleared from the tumour by cutting between pairs of artery clamps and ligaturing both ends of the section. There was a good deal of hæmorrhage close by the head of the pancreas, for the most part venous. When the pyloric region was thus made more free, an opening was carefully made over the finger introduced from below in the lesser omentum to the left of the growth. The pyloric artery was then ligatured and divided. Then a Rydygier's clamp was put round the stomach by introducing one limb through the opening in the lesser omentum, and passing the other across the anterior surface; it was then closed, and the stomach divided to the right of it. The clamp was then removed, and hæmorrhage from the cut surface arrested; this was not considerable, only a few minute points requiring ligature; the stomach was found to be empty, and the mucous membrane appeared to be quite healthy. The cardiac end of the stomach was carefully sponged out. A little brownish fluid was seen at the pyloric orifice; a small sponge was placed in each orifice. The clamp was next placed on the duodenum just beyond the tumour, and the growth with some infiltrated and adherent glands removed. The duodenum was firmly held up when divided to prevent retraction. The growth was seen to extend a little further down the duodenum on its posterior border, so a small piece, including this, was removed by scissors. There was very little hæmorrhage on removal of the clamp, and a few fine ligatures proved sufficient. The upper part of the duodenum was mopped out, and a clean piece of sponge introduced. As the section of the stomach was larger than that of the duodenum, the upper part of the former was stitched together, for about two inches, by means of nine sutures of fine carbolised silk, through its mucous membrane, and a corresponding number of the same material, including muscular and peritoneal coats. The cut ends of the stomach and duodenum were now brought into apposition, and corresponded well in size. The posterior part of each was then sewn together with fine carbolised silk, the mucous membrane being carefully adjusted last, the first sutures applied being passed between the mucous and muscular coats, perforating the latter and the peritoneum, and then passing through the peritoneal and muscular coats of the apposed edge; as the opening became smaller it was not found possible to pursue the same plan towards the front, and here Lambert's stitches only were used. There were about fifty-two silk sutures put into the stomach and duodenum. The parts around were carefully cleansed, the flannels having been removed, and the stomach placed in position again. The external wound was closed by means of seven or eight deep silk, and four superficial catgut, sutures. During the course of the operation, which lasted almost three hours and a half, the patient became much collapsed, and it was found necessary to bandage his limbs and administer a brandy enema. After he was put to bed, in addition to the above means, hot blankets and hot-water bottles were applied, and another brandy enema given. He became conscious about 8.30 P.M., complained of pain and asked for morphia, but gradually sank, dying at 11.15 P.M.

A post-mortem examination was made on the following day by Dr. Sharkey. The body was much emaciated. Rigor mortis well marked in both extremities. Pleuræ adherent by old adhesions, at left apex and right base. Lungs a little collapsed, otherwise normal. Pericardium and heart natural. Liver small and pale, at the upper border of its right lobe was a nodule of new growth about as large as a walnut. Kidneys normal. On opening the abdominal cavity, by enlarging the incision of operation, the peritoneum looked almost normal. All that was remarkable were some dotted hæmorrhages about the pyloric end of the stomach, and an exceedingly small quantity of red fluid on the surface of the coils in the neighbourhood. One could scarcely see without close examination that any operation had been done, as the stomach, colon, &c., occupied their normal positions, and the stomach had its normal shape.

The carcinomatous growth removed measured one inch and a quarter along its upper border, and three inches and a half along the lower, its base was of a firm fibrous character, completely surrounding the pylorus and adjacent portions of the stomach and duodenum, and the inner aspect presented a fungating ulcerative surface, the lumen of digestive tract at this point only just permitting the passage of a small finger.

PUBLIC HOSPITAL AND DISPENSARY, SHEFFIELD.

SEVERE WOUND OF THE ANKLE-JOINT; RECOVERY WITH MOVABLE JOINT.

(Under the care of Dr. KEELING.)

FOR the following notes we are indebted to Mr. G. F. Gubbin, house-surgeon:—

W. H——, a boy, eight years of age, was admitted on Aug. 8th, 1882, with an extensive wound of his left ankle-joint posteriorly, caused by the cutting portion of a mowing machine. On examination it was found that the wound extended across the back of the joint, from below the internal to the external malleolus, the lower portion of which was separated from the rest of the bone and broken into fragments; the tendo Achillis was completely divided, as well as the peroneus longus and peroneus brevis muscles on the outer side. The joint was laid open and the cartilaginous surfaces of the bones entering into its formation exposed; some of the cartilage had been chipped off. There had not been much bleeding. Under the carbolic spray the wound was freed from fragments of bone and cartilage, and carefully cleaned; the two ends of the tendo Achillis were brought into as close apposition as possible and fixed with carbolised catgut sutures. The wound was then sewn up with silver wire and catgut sutures and enveloped in the ordinary antiseptic gauze dressing, the limb laid on its outer surface, and the ankle-joint fixed in the extended position. The wound was dressed twice during the first eight days, afterwards once a week until Aug. 30th (or twenty-two days after the receipt of the injury), when it was found to be quite healed. The boy was kept in bed and passive movement practised.

On Sept. 11th he was able to flex and extend the joint freely, and to invert the foot, but the power of eversion was rather weak; he was not able to bear much weight on the limb. He was now allowed to get up. The boy continued to improve, and on September 20th it was noted that he could get about with ease, although not able to bear the whole weight of his body upon the injured limb. When he was lying on the bed it was found that he could move the wounded joint just as freely as the sound one.

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—The next quarterly meeting of the Association will be held in the Medical Society's Rooms, Chandos-street, Cavendish-square, W., at 4 P.M. on Nov. 22nd, 1882. Dr. Richardson, F.R.S., will preside. A paper will be read on "Inebriety caused by Mental Injuries," to be followed by a discussion, in which all medical men will be at liberty to take part.

THE collections made at Chapel-Allerton Church on Sunday, the 12th inst., for the Leeds medical charities, amounted to £73 11s. 6d.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on Tuesday, November 21st, Dr. George Buchanan in the chair. He presented the new volume of the Transactions to the Society, and also announced that in April next there would be a discussion on the pathological condition of the various organs in diabetes.

Dr. HORROCKS showed a living case of Bromide of Potassium Rash in a girl aged ten years, who had been taking twenty-five grain doses of bromide of potassium twice daily for four months; one month ago red swellings like erythema nodosum appeared over the tibiæ, and a week later pustular points were present on the swellings, and coalesced; shortly afterwards it came upon the extensor aspect of the arms and forearms; there was no rash elsewhere. The rash was now undergoing involution and was not so characteristic as it had been. Dr. Horrocks alluded to the absence of the rash in the usual acne situations and thought it was rare to find it on the extensor aspects of the limbs only.—Dr. THIN considered that these cases presented sufficiently characteristic features for them to be diagnosed independently of the history and alluded to a case in which he had done so. His microscopical investigations in a case of iodine rash led him to consider that the condition was not due to inflammation of the sebaceous glands and therefore not a true acne, but that it was due to the drug affecting directly the walls of the vessels, producing stasis and its consequences.—Dr. RADCLIFFE CROCKER said that the presence of the rash upon the extensor surfaces was not so rare as Dr. Horrocks seemed to think; several cases had been shown by Dr. Barlow, himself, and others, with the rash in these positions, and he described a case now under his care at the East London Children's Hospital of a girl aged nine, who after taking ten-grain doses of bromide for a week showed the characteristic pustules upon the anterior surfaces of the legs and on the arms and chest; the drug was not stopped, on account of the fits from which she suffered, but some arsenic was given; the following week superficial abscesses two inches in diameter were present on the site of many of the pustules. The patient had been half starved.

Dr. HOGGAN showed and described microscopical specimens of Multiple Lympathic Nævi of the Skin. He considered that the condition was a common one, though hitherto unrecognised, and that it was probably the early stage, or predisposing cause of many other diseases connected with the lymphatic system, such as, elephantiasis, lymphangioma, &c. It differed from the case of lymphangiectodes presented to the Society by Drs. Tilbury and Calcott Fox, as that had no nævoid development of lymphatics, and also from Hebra's case of lymphangioma tuberosum multiplex, which, both from the drawings and description, he thought was not a lymphatic disease at all. His patient was a boy, aged nine years; the nævi were of the size of a split pea, flattened, and of a transparent pale-lilac tint, and were situated upon the right leg and ankle, which had been repeatedly attacked by an erysipelatous inflammation, causing great pain and slight thickening of the ankle; in short, the symptoms of the early stage of elephantiasis Arabum. The epidermis was infiltrated with the branched cells of Langerhaus. The abnormal lymphatics traversed the whole thickness of the dermis below, but above did not extend higher than the normal lymphatics, nor nearer than usual to the hair-follicles or sweat glands. There was nothing abnormal in the structure of the lymphatics individually, and the fact that none of the nitrate of silver injection had been extravasated showed that they were actually walled tubes. He thought the disease was an early and curable stage of elephantiasis cruris.—Dr. PYE SMITH asked if the affection was congenital.—Dr. THIN endorsed Dr. Hoggan's opinions as to the structure of the tumours, but doubted their relationship to elephantiasis Arabum, as there was none of the imperfect fibrous tissue seen in that disease. He thought the case corresponded with one described and figured by a Russian observer in the *Archiv für Dermatologie* a few years ago.—Dr. HOGGAN replied that it was in a stage before the development of fibrous tissue; and with regard to its being congenital, thought that it was, but the history was defective on that point.

Dr. SAMUEL WEST showed and described a specimen of Sarcoma of the Bladder and Prostate. The patient was a man aged twenty-one, and showed no symptoms of disease until a month before death, when he had retention of urine; no trace of a tumour could be felt by the rectum. A few days later hæmaturia, followed by retention occurred, and the catheter had to be used; the hæmorrhage continued to be profuse, and he died of exhaustion. Post mortem in the position of the prostate was a tumour nearly as large as the bladder, and in the bladder were several polypoid tumours, the largest rather larger than a Tangerine orange; one was in the trigone, and another projected into and blocked up the dilated urethra; signs of hæmorrhage were present in it, and doubtless it was the source of the bleeding and cause of the retention. The tumours were split up but not villous; section of the prostate tumour showed it to be a soft, round, and spindle-celled sarcoma. There were no secondary growths, the kidneys were studded with small abscesses, and the ureters and pelves dilated, the bladder being hypertrophied, which was good evidence that though there were no symptoms until a month before his death, the tumours were present for a longer period. The delay in the development of symptoms reminded him of the case of mediastinal tumour that he had showed, in which there were no symptoms until two months before death.—Mr. ROGER WILLIAMS said that growths like this were much more common in elderly people. The practical point was, Were these growths infective? Evidently these were not, and he compared them to those medullary growths of the bladder and rectum which were often non-infective. He then showed his museum specimen, which had no history attached to it, of a small tongue-like growth at the neck of the bladder, which had belonged to a boy; the bladder was hypertrophied.—Mr. BARKER mentioned several cases of tumours of the bladder, in all of which he had noticed this feature in common—namely, that the growths were more or less polypoid, whether they were cancers or sarcomas.

Dr. HENDERSON showed a Heart with Syphilitic Gummata in the Wall of the Left Ventricle, and microscopical specimens in illustration of it. A man, aged thirty, was brought in a moribund condition to St. Mary's Hospital, and died in a few minutes. It was stated that he had seemed well until a fortnight before his death, when he began to complain of faintness and pain in the præcordial region. On his way to his work he suddenly staggered and fell, groaned, put his hand to his heart, and was unconscious from that moment to his death. At the post-mortem examination the only organ affected was the spleen, which weighed twelve ounces; it was congested, firm, and adhered to the parietes. The liver weighed sixty-two ounces, and had a depressed fibroid scar in the right lobe, but was otherwise normal. The heart weighed thirteen and a half ounces. The pericardium over the left ventricle was studded with pale yellowish-white, slightly projecting elevations, and one or two were over the right ventricle. The endocardium of the anterior wall of the left ventricle was studded with similar nodules. On cutting into the septum a mass of fibroid tissue, a quarter of an inch thick and one and a half inches long, and two inches broad, was seen extending into the muscular substance, with which it gradually blended. Microscopically the muscular substance was permeated by tissue, with gummatous characters, but there was no sign of caseous spots, or of fatty degeneration in the muscle fibres. The lumen of the smaller vessels was narrowed by thickening of the intima. He thought that the appearances of this case made it a connecting link between the cases of fibroid degeneration of the heart described by Dr. Hilton Fagge in vol. xxv. of the Transactions, and those of Dr. Burney Yeo in vol. xxvi. There was no history of anginal attacks, and the larger coronary vessels were not blocked in any way; the question arose whether the blocking of the lumen of many small vessels would have a similar effect to the occlusion of the larger vessels, and so cause sudden cessation of the heart's action.

Mr. ROGER WILLIAMS then showed a wax model of a case of Testis in Perineo and Congenital Hernia. Before admission into the hospital there were great pain and tenderness over the tumour on the right side of the scrotum; an ounce of straw-coloured fluid was drawn off by the aspirator, and on taxis the hernia was reduced. The testicle was swollen and tender, and could be felt in the perineum. This position of the testicle occurred seventeen times out of twenty-two cases on the right side, and congenital hernia was rarely associated.

Mr. J. B. SUTTON showed the Skeleton of a Baboon affected with Rickets; it was admitted into the Zoological Gardens when two months old, fed on fruits and nuts instead of milk, and died in four months. The viscera were not preserved, but the skeleton showed decided signs of rickets. The epiphysial cartilages were enlarged; that of the femur was ten millimetres instead of one. There were three layers: 1. Normal cartilage. 2. Longitudinal rows of cells. 3. Imperfect ossification enclosing cartilage cells. The tibiæ were bowed and very soft. The periosteum thick and succulent. The skull was six millimetres thick, soft and spongy. In another specimen that he found in the museum the skull was twelve millimetres thick. In answer to Dr. Buchanan, he said that dentition was not affected.

Dr. HADDEN showed Microscopical Sections of the Cord in Canine Chorea, in which disease there are rapid contractions of the muscles, as if under the influence of the interrupted current, the disease resembled spasmodic torticollis more than human chorea; it generally followed distemper, and was fatal. Like the cases described by Drs. Gowers and Sankey, there were masses of leucocytes scattered irregularly through the cord, but while in their cases these cells were in the white matter, in his they were among the grey matter, distended capillaries could usually be seen. The appearances were suggestive of an early stage of disseminated sclerosis, and, as they were not constant, were probably secondary, perhaps due to over-action.

Dr. PYE SMITH showed the fresh organs in a case of Colloid Cancer in a man aged sixty years. His first symptoms were cough and pain in the leg, but there was no tumour felt; but later on a small tumour was detected in the region of the liver, and he had pain in the course of the sciatic nerve, and the diagnosis of retro-peritoneal cancer was made. There was no vomiting or hæmatemesis. Post mortem there was no cancer of the liver, but it was simulated by a part of the retro-peritoneal tumour. A very large cancer affected the posterior wall of the stomach, projecting into it, but united to the cancer behind; another tumour projected into the duodenum. There were a few secondary nodules in the liver, while the lung was studded with pea-sized nodules. The microscopical characters were those of colloid cancer, the paucity of vessels accounting for the absence of hæmorrhage during life.

Dr. FREDERICK TAYLOR showed the Heart in a case of Ulcerative Endocarditis. A man, aged twenty-six, had had rheumatic fever, at the age of fifteen, with some cardiac complication. Five months ago he had shortness of breath and wasted. For the last six weeks he had had œdema of the feet. When admitted he had general anasarca, and looked as if suffering from renal disease. There was marked pyrexia and a double aortic murmur, tenderness over the spleen, and the urine was abundant and highly albuminous. Ulcerative endocarditis was diagnosed. Post mortem both aortic and mitral valves were affected with old and recent disease—viz., induration and ulceration. The left ventricle was dilated and hypertrophied. The spleen had several embolic infarcts. The kidneys showed cloudy swelling, and the capsule was slightly adherent in one part. The question was whether the kidney affection was primary or dependent upon the endocarditis? Dr. Taylor thought it was due to the endocarditis, as similar conditions had been observed in other cases.

The card specimens were Thrombus in the Left Common Iliac, by Dr. Kingston Fowler, and Congenital Malformation of the Heart, by Dr. Turner.

MEDICAL SOCIETY OF LONDON.

Osteitis Deformans.—Ammonia, Chloroform, and Ammoniated Chloroform as Antiseptics.—Cases of Nephrectomy.

A MEETING of this Society was held on the 13th inst., Mr. F. Mason, President, in the chair.

Mr. WALSHAM showed a case of Osteitis Deformans (Paget) in a man, aged fifty-five. The affection of the right leg had been noticed for about five years. The left leg was affected shortly after. The right and left femora, the right radius, and the right clavicle enlarged in the order given about three years later. During the last twelve months the skull had increased in size, and the spine began to bend. His height had been reduced from 5 ft. 7¾ in. to 5 ft. 5½ in. during the last two years. He had previously enjoyed excellent health, and had been free from syphilis, gout, rheumatism, and injury to the bones. One sister had died of phthisis, and another of cancer of the uterus.—The PRESIDENT asked whether there was any defect of intellect. Mr. NOBLE SMITH inquired whether the urine contained sugar. In a case of a lady, sixty-one years old, he had pursued a tonic treatment in view of defective nutrition.—Dr. ROUTH had seen a similar case twelve years ago; the anterior portion of the cervical spine being chiefly affected. The patient was an anæmic and ill-nourished child, and death was caused by choking. Defective nutrition seemed to underlie these cases.—Mr. WALSHAM, in reply, said that the man's intellect was unaffected. The urine had been examined for albumen, but none was present. Iodide of potassium had been given without effect.

Dr. RICHARDSON read a paper on Ammonia, Chloroform, and Ammoniated Chloroform as Antiseptics. The author first recalled attention to his original paper in 1850, on the Antiseptic properties of Gases. He had shown that various gases and vapours, including arseniuretted hydrogen gas and chloroform vapour, acted as antiseptics on fresh animal structures, together with many other aeriform and vaporous agents. He showed two small specimens of lung which were shown in 1850 in illustration of the antiseptic powers of chloroform vapour. The specimens had remained in their bottles untouched for over thirty-two years, and were still well preserved. He next referred to a paper he had read in 1862 on the antiseptic properties of ammonia, in which he had shown that the vapour of ammonia was one of the most perfect of antiseptics. In further demonstration Dr. Richardson exhibited a specimen of blood which had been drawn from a sheep's neck into an ammoniated atmosphere in April, 1862. It had been enclosed in a well-corked bottle for more than twenty years. It was still perfectly fresh and fluid, and although its microscopical characters were changed it could be made to undergo coagulation on displacement of the ammonia, so that it still exhibited what John Hunter would have called "the final act of life." Proceeding to his present research, the author said that since his last paper he had continued to use ammonia vapour as the antiseptic most convenient, and he had improved upon it in two ways. 1. When a structure to be preserved contained a great deal of fat it was apt, after a few weeks, to become saponified, by which its character was changed. To avoid such change he had used what he called ammoniated chloroform, which was simply chloroform and ammonia vapour combined. By this means much less ammonia was required, and the saponifying process was prevented. 2. It was sometimes important to preserve the colour of a substance; to effect this the bottle containing the specimen was charged with common coal gas, as well as with the vapour of chloroform. The coal gas contained sufficient carbonic oxide to maintain the colour. Specimens of the heart, kidney, spleen, and the viscera of birds were shown, preserved in these various ways. The advantages were as follows:—1. In making a post-mortem the operator had simply to take with him a jar or bottle well stoppered and ready charged with antiseptic vapour. Into this gas drop the specimens, close them down, and keep them for days, or even weeks. 2. In some forensic cases specimens might be retained in pure ammonia or chloroform vapour in a perfectly sound state during a long investigation. 3. The antiseptic results obtained indicated certain uses of ammoniated chloroform in diseases attended with rapid putrefactive change.—In reply to questions from the President and Dr. Routh, Dr. RICHARDSON said that chloroform would only take up a certain small proportion of ammonia. The solution should be used concentrated. In the case of sore-throat it was administered by inhalation. He feared it would be impossible to use the preparation on a large scale so as to preserve whole bodies. He had it tried on sheep and failed, owing to the gases destroying the tissues. Chloride of zinc and spirit embalmed a body perfectly, but made it too hard for dissection.

Mr. KNOWSLEY THORNTON read notes of three successful cases of Nephrectomy by Abdominal Section. The first case was that of a child seven years old, in whom the left kidney was removed by median abdominal section for hydronephrosis, which was probably congenital, as the ureter was only represented by a small fibrous cord. The child made an excellent recovery, and is now strong and well-developed; before the operation she was delicate and puny. The second

case was that of a woman aged twenty-six, who dated her illness from her second and last pregnancy. The kidney was much enlarged. The patient was almost in a dying state when admitted into the Samaritan Hospital in February, 1882. Mr. Thornton first operated through the loin, but failed to find by this exploration the cause of the trouble. She improved for a time, but soon relapsed, and he removed the kidney by lateral abdominal section (incision of Langenbüch), and then found it to contain a large number of small calculi or concretions. The bladder end of the ureter was tied and brought out of the wound at its lower angle—an important precaution, as this portion of the ureter was generally diseased and putrid in its interior. The patient made an excellent recovery, and in a letter just received she states that her health is good, and the urine clear and natural. The third case was that of a woman fifty-eight years old who had been known to have had suppuration of the kidney for sixteen years. The kidney had been aspirated several times without relief, and Mr. Thornton decided to remove it by Langenbüch's incision. The operation was exceedingly difficult owing to the great obesity of the patient and the extensive adhesions. The sac into which the kidney had been converted weighed after removal 4½ lb., and it contained twenty pints of pus. The patient made a rapid and perfect recovery without fever, the only complication being some bronchitis, which was present before the operation, and became more acute for two or three days afterwards. Mr. B. Morison, of Canonbury, reports her present condition as satisfactory. The cause of the mischief was found to be a very small umbrella-shaped calculus, of which the handle was fixed in the opening of the ureter. All the operations were performed under strict Listerian principles, and to this Mr. Thornton attributed in great part the even and rapid recovery of the patients. He pointed out the great advantages of the lateral abdominal incision over the median or lumbar section, and expressed his belief that it could be the operation of the future in nephrectomy. He drew special attention to his method of treating the ureter in these cases, as he thought it of great importance. He considered that these cases emphasised the fact already demonstrated by his ovariotomy practice, that under antiseptic conditions the peritoneum can dispose of considerable quantities of effused material without the aid of the drainage-tube, and without constitutional disturbance, even after the removal of so important an organ as the kidney. The kidney could be more safely and thoroughly explored by Langenbüch's incision under antiseptic management than by the lumbar incision.—Dr. RICHARDSON remarked that the use of iodine, which was an oxidising agent, destructive of putrefactive products and not a germicide, could hardly be considered as an instance of Listerism.—Mr. H. MORRIS thought the cases did not bear on the comparison between the merits of nephrectomy and nephrotomy. All these cases were clearly cases for nephrectomy; but in others nephrotomy was the proper course to pursue. In the third case an early exploratory incision might have obviated the necessity for nephrectomy. In the second case, were the small black concretions really calculi or concretions of pus and blood? He had lately made an exploratory incision in the case of a man who had since passed a small calculus. A second exploratory incision failed to reveal a stone; but he believed that one was present; and possibly nephrectomy might be required at a later date. No especial antiseptic treatment was employed in that case, but cotton-wool dressings were used. The wound closed with remarkable rapidity, as it did in a previous similar case of his. He alluded to cases where relief had followed nephrotomy, though no stone had been found, and thought that in these cases the affection was an unduly mobile kidney, which became fixed by adhesions resulting from the operation.—Mr. THORNTON, in reply to the President, said he considered silk ligatures more convenient than, and as easily made antiseptic as, catgut. He did not deny that good results might be obtained without antiseptics, but still he held that better results followed their use. Thus he was able to close his wounds without resorting to drainage. He used iodine when he wished to destroy the products of putrefaction; carbolic acid to prevent putrefaction. He did not intend to deny the utility of nephrotomy, but merely to point out that it was not applicable to these three cases. So far as examination had yet gone the calculi contained crystals of oxalate of lime; their outer coating was probably blood.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

A MEETING of this Society was held on Friday, Nov. 3rd, and was devoted to clinical cases. Dr. Hart Vinen, President, was in the chair, and some forty-five members were present. The principal feature of the evening was the exhibition of three cases of Charcot's joint disease.

The first case was shown by Dr. ATKINSON. Besides the usual phenomena of locomotor ataxy, the left shoulder-joint was seriously affected. Some three months after the first symptoms were manifested this joint became swollen till it measured thirty-nine inches in circumference, without any pain or inflammation. At that time (some ten years after) the joint was not enlarged, but there was marked prominence of the acromion process and flattening of the deltoid, and on examination the head of the humerus was distinctly absent, having been entirely worn away, so that the arm could be thrown about in any direction, as if it were a flail. Dr. Atkinson said that the pathology of the joint affection appeared to be some degeneration or disturbance of the trophic nerves supplying the bone leading to the defective nutrition of the osseous tissue, and this might also cause the spontaneous fractures described by Dr. Weir Mitchell as sometimes happening in patients with this disease.

Mr. EDWARDS, in bringing forward the second case, said that here too the left shoulder was the special joint affected. When the patient first came under his notice some twelve months ago there was a large effusion under the pectoral muscles (not in the joint itself), which was said to have come suddenly a few days before after lifting a weight; he at first thought it must be a hæmatoma, and aspirated it, drawing off some ounces of reddish fluid. Soon after the swelling recurred in the joint itself, in moving which distinct crepitation could be felt, and the head of the humerus could be easily dislocated, showing that the head of the bone was partially absorbed. With regard to other symptoms, the patient had experienced the "lightning pains," his pupils were contracted unequally, and this patellar tendon-reflex was modified, but not absent.

Mr. KEETLEY exhibited the third case, in which the symptoms of ataxia as well as joint affection were well marked. He remembered seeing Mr. Edwards' case before and thought then that there was no ataxia present, but was not aware if further symptoms had been developed since.

A discussion followed in which Dr. THUDICHUM said that locomotor ataxia was accompanied with a change in the nervous centres termed amyloid (first described by Virchow). Granules were deposited, which after treatment with dilute sulphuric acid and iodine became blue and appeared like iodised wheat-starch granules. It had been said that amyloid matter was albuminous, but that was erroneous. Some amyloid is a starch-like body, and no doubt derived from the decomposition of some of the cerebrin bodies, of which the brain and nerve tissues contained more than 4 per cent. This decomposition set free a sugar cerebron, all of which can be reduced by losses of water to the amyloid matter. The deposition of this matter in any part of the nerve tissue, particularly the spinal marrow, produced all the varied symptoms shown in these cases.

Mr. POTTER next showed a patient, aged sixty-six, who, three years ago, whilst engaged as a labourer, was struck on the occiput by a falling wall, and the cervical spine was forcibly flexed. He was rendered unconscious for two days, but indistinctly remembered some one pulling upon the head and twisting it from side to side. Loss of power and sensation of the right arm and leg was noticed by the man when consciousness returned. He kept his bed for four months, an immovable apparatus for the head and neck being applied. One month after the injury the neck was noticed to be swollen, and increased till one year ago. No history of syphilis or rheumatic arthritis. A swelling in the median line at the back of the neck, extending from one inch below the external occipital protuberance to the sixth cervical spinous process, measuring about four inches in diameter. The trapezii appeared to be incorporated with the swelling on each side. It was hard, dense, with no discolouration, not tender on pressure, and with no evidence of deep fluctuation. The manubrium sterni and upper three costal cartilages and larynx were abnormally prominent; the chin almost touched the sternum. The posterior boundary of the pharynx could hardly be reached with the tip of the finger.

The patient complained occasionally of dysphagia and dull aching pain in the swelling. Mr. Potter thought the nature of the tumour obscure, the history, however, tended to show that the swelling was due to callus, which, in this case, was exuberant, owing to the movements of the neck being difficult to restrain. Whether the spinous processes with a portion of the laminæ were fractured without much interference with the cord and nerves it was difficult to determine.—Mr. KEETLEY said that after careful examination of the case he could not help thinking that the patient's injury had been rather under-estimated. It appeared to him that there was a general bending backwards of the cervical region, and that the bodies of the vertebræ had been forcibly compressed, leading to fracture; the deformity was owing to a condition similar to that met with in Pott's curvature of the spine.—Mr. POTTER, in reply, said although this was possibly the case, the absence of callus deposited on the anterior parts of the bodies was a fact to be borne in mind.

Mr. LUNN exhibited the Brain of a patient who had died after a third attack of Apoplexy. The case first came under his notice in the second attack, which was one of right hemiplegia, and aphasia, and from these partial recovery, when the third seizure took place. It was observed that the temperature rose from the commencement of the seizure till death from 99° to 106° F., and after death there was a further rise to 108° in the rectum. Mr. Lunn had noticed this rise in temperature in three other cases of apoplexy. On examining the brain, the right ventricle was found distended with a dark soft clot and fluid blood, and the optic thalamus was extensively lacerated. On cutting through the left corpus striatum, a cyst about the size of a walnut, lined by a smooth yellowish-brown membrane, and filled with clear yellowish fluid, was found.

Dr. CLIPPINGDALE brought forward a case of Spontaneous Dislocation of the Sternal end of the Clavicle consequent upon lateral spinal curvature, due to dislocation of the hip, and observed that he could find no similar case on record, and only one case of spontaneous dislocation of the sternal end of the clavicle.

Mr. KEETLEY lastly showed a case of Arterial Embolism. When the patient was admitted into the hospital in the month of August, pulsation could be felt in both external iliacs, and in the right but not in the left femoral artery; strongly in the right tibials, feebly in the left. In the situation of the left common femoral was a slight swelling tender to touch. Temperature in both legs about the same; no signs of cardiac disease; had shortly before admission been so "low-spirited" as to lead his friends to fear an attempt at suicide. He was put on iodide of potassium (ten grains) and aromatic spirit of ammonia (half a drachm) three times a day. He steadily improved; pulsation gradually returned in the left femoral and grew strong in the tibials, while the tenderness over the common femoral diminished; but the œdema of the left leg, which had at first been scarcely perceptible, increased considerably till the difference in measurement was two inches. His spirits also brightened up, and he felt quite well, strong, and cheerful.—Dr. POPE asked if the patient were in the habit of flexing his leg.—Mr. LLOYD also wished to know whether there had been typhoid symptoms, or whether the rectum were loaded.—Mr. KEETLEY answered the last two questions in the negative, and said that the man's employment was that of a machinist.

ACADEMY OF MEDICINE IN IRELAND. — At a meeting held on the 18th inst. the folowing office-bearers were elected:—President: John T. Banks. General Secretary: W. Thomson. General Treasurer: R. McDonnell. Medical Section:—President: William Moore. Council: S. Gordon, H. Kennedy, T. W. Grimshaw, J. W. Moore, J. Hawtrey Benson, J. Magee Finny, Christopher Nixon, C. Cameron, R. A. Hayes, and Alex. Nixon Montgomery. Obstetrical Section:—President: J. Denham. Council: G. Johnston, Lombe Atthill, A. V. Macan, T. M. Madden, H. Macnaughton Jones, Fleetwood Churchill, R. D. Purefoy, W. Cox Neville, Wm. J. Smyly, and John R. Kirkpatrick. Surgical Section:—President: John K. Barton. Council: W. Colles, H. Gray Croly, E. Hamilton, A. H. Jacob, E. D. Mapother, E. Stamer O'Grady, George H. Porter, William Stokes, William Ireland Wheeler, W. T. Stoker. Pathological Section:—President: John M. Purser. Council: Robert McDonnell, A. W. Foot, A. H. Corley, T. E. Little, G. F. Duffey, C. Coppinger, John B. Story, P. S. Abraham, Walter Smith, and Edward H. Bennett.

BANQUET TO THE MEDICAL OFFICERS OF THE EGYPTIAN EXPEDITION.

ON Tuesday evening last a banquet of welcome was given at Willis's Rooms to the medical officers of the Egyptian Expedition. About two hundred and seventy persons were present, comprising many of the most distinguished members of the profession. The chair was occupied by Sir Wm. Jenner. It was expected that the Duke of Cambridge, Sir Garnet Wolseley, and Mr. Childers would have been present, but the two former were prevented by a command to dine at Windsor on the same evening, and Mr. Childers by the state of his health. His Royal Highness, in a letter to Sir Wm. Jenner, said, "I should gladly have availed myself of the opportunity of showing my interest in the cordial support of the medical department of the army and the medical profession at large, for I am well aware how closely and intimately our mutual professions are connected, and how impossible it is for the army to exist without the steadfast aid of our medical friends. Had I been present, I should certainly have assured the medical officers of the army that I highly appreciate their valuable aid and good work done during the recent short but trying campaign." Sir Garnet Wolseley wrote—"It is a sad disappointment that I am thus prevented from having the pleasure of taking part in an entertainment intended to do honour to those whose services and whose devotion to their military duties are so highly appreciated by the army. There may be diversity of opinion as to the value of our military medical system of administration, but all who are acquainted with the work done by our surgeons in the field will, I think, freely admit that individually none are more devoted to their duty than those who are to be your guests next Tuesday." Mr. Childers, in his letter, said—"I should have especially wished to do honour, as far as in me lay, to the medical officers who have served in Egypt with so much distinction and ability."

After the customary loyal toasts,

Sir JAMES PAGET proposed "The Navy, Army, and Auxilary Forces." In the course of his remarks, he said that one could not but be reminded of the degree in which of late years science had interwoven itself with war. Chemical and scientific skill was applied to the productions of the materials of warfare, and victory seemed to depend not much more upon the bravery of the men than upon scientific skill, in which the medical profession had their full share. (Applause.) They were still called surgeons, and it was not likely that he should desire that title to be changed, for he was proud to believe that surgery included the whole of the medical and many other sciences. (Applause and laughter.) The members of the Medical Department, whom they were then expressly honouring, brought to their task an amount of scientific knowledge such as very few possessed; they were not surgeons alone—they were physicians and sanitarians. The Department for a long time past could boast of their relations with men of science. Professor Huxley, who had honoured them with his presence, Joseph Hooker, Spencer Wells, and George Gulliver, all showed what men in the Medical Department of the services could do. Long before, they were, indeed, among the leading sanitarians of the time, but now all science was fairly combined in them, and civilians were bound to admit that it would be very difficult to find any body among themselves who could with so great skill and force, and with such advantage to the country, show themselves masters of surgery, medicine and sanitary science. He would not anticipate the next toast by speaking of the works done by those who had served in the late expedition, but at least he might refer to two—Director-Generals Crawford and Reid—as brilliant examples. (Loud applause.) They were all proud to be brought into relation with the bravery, courage, self-denial, and perfect and complete endurance for their country's good, which the members of the Medical Department had shown in time of war. There were men amongst them wearing the Victoria Cross; they could tell tales of men who had been in succession brave soldiers, fighting as soldiers for their own lives and the lives of their comrades, and then men of science and perfect

humanity working for the relief of human suffering. They were glad of an occasion of that kind when those engaged in civil practice might show how entirely, how heartily, they hoped to be always reckoned as of one body with the men who belonged to Her Majesty's services. (Applause.)

The toast was coupled with the names of the Earl of Morley and Mr. Campbell-Bannerman.

Earl MORLEY, in responding to the toast, referred to the committee, of which he is chairman, for inquiring into the general medical arrangements of the army. The object of the committee, he said, was principally directed to the improvement of the organisation of the Army Hospital Corps. The Secretary of State, at the conclusion of the present campaign, thought that a fit opportunity presented itself of utilising the experience gained in that campaign. In no sense whatever was it intended to inquire into the conduct of individuals or of the Department generally. (Cheers.) The desire was to sift all the evidence that could be obtained as to the results of the present organisation. He was sure that evidence would be freely given from all quarters, and that no evidence would be refused that would throw any light upon the subject. The difficulties of transporting a large expedition to such a distance were so enormous that it was absolutely impossible that at certain early periods some things might not be missing. He had heard from many officers of high distinction of the zeal and untiring energy and devotion exhibited by the officers of the Medical Department during the campaign. (Applause.) They all knew that there was no other profession which so thoroughly called into exercise the qualities of self-sacrifice and self-denial, which had been so largely exhibited by those gentlemen.

Mr. CAMPBELL-BANNERMAN, M.P., also responded to the toast, and expressed, on the part of himself and his colleagues of the Admiralty, his appreciation of the services of the Medical Department.

The CHAIRMAN here announced that a telegram had just been received from the members of the Berlin Army Medical Society, then sitting, sending greetings to their brethren at the banquet. He also intimated that a reply would be immediately forwarded by telegram. The Chairman then proposed, "The Medical Officers of the Egyptian Expedition." He said, "Gentlemen, I owe some apology for occupying this chair. (No, no.) When the subject of this banquet first came under my consideration I was most anxious that a surgeon should occupy the chair. I felt that the army and navy surgeons had, in some measure, a right to have a surgeon in the chair, and I spoke to him who may be styled the Chrysostom of medical orators, the man with the golden mouth, and he with his golden eloquence beguiled me and told me that it was rather the duty of a physician, inasmuch as the duties of our medical officers were more medical than surgical. (Oh, oh, and laughter.) He told me, and it was quite true, that 7039 men had passed through the hospitals in Egypt up to the 8th of November, and that of that number only 463 were surgical cases. He also urged upon me, and this had weight with me, that as I was president of the first medical college or corporation in the kingdom, it was my duty to do what I could to do honour to the medical officers returning from this expedition. (Cheers.) I therefore felt that, although I could not lay claim to his eloquence, my halting words, from the position I held, would have some weight with you. Sir James Paget has told us that medical surgery involves everything. It may be so, but I should be very sorry to allow some of my medical friends in the College of Physicians to cut off my leg, and I think he would look twice at some of his surgical friends before he allowed them to treat him for a bad pneumonia. In England, the two branches are to a great extent distinct, and Sir James Paget's argument therefore had weight with me. But there is another department of medicine which is hardly surgical, I mean preventive medicine, sanitary science, and I felt this belonged especially to the physician. It is physicians who teach it, and not surgeons; it is physicians who founded it, and not surgeons. Now preventive medicine, sanitary science, does seem to me, in regard to the army, more even than medical skill or medical treatment. I remember stating, after the Crimean war, to some of my medical friends that if, being ill with fever, I had my choice of being placed in a tent with a jug of water beside me, and a little food such as I could take, I would rather be in the tent with the free air blowing around me—in the best sanitary condition—than in some of the hospitals I had read of, even if I had a whole college of physicians to treat me. (Laughter.) Our army is still decimated with disease—in Egypt I mean—and was so from the beginning; and this disease, if it is to be met at all, must be prevented by sanitary arrangements. The army will be weakened in a short time if disease continues to make the progress that it has made there. You may ask me if I attribute to the medical officers any want of sanitary knowledge, or of zeal in putting sanitary laws in force. Not at all. In this great metropolis, and in this country, where the powers of civil engineering are at our disposal, where sanitary arrangements can be conducted with precision, where the analyst tests the water and publishes his tests week after week, where the analyst tests the milk and inspects dairies, we find, nevertheless, epidemics of typhoid, we find the subtle germs eluding the most carefully-planned schemes for their obliteration. What, then, must it have been in the East? where dead bodies infected the water, where thirsty men were fain to drink although the drink was death. I say that no sanitary arrangements could have prevented these terrible disasters. Something has been said of the organisation of the hospitals. I am old enough to have witnessed an epidemic of cholera in this country in which patients were thrust into large hospitals, supplied with nurses, with medical staffs and medical students, and I witnessed (because it came suddenly upon them) the confusion and upset of all previous arrangements, and I can, therefore, fully understand that in the East, where they had comparatively few officers, where those officers had, I am sorry to say, other functions than their medical functions to perform—I say I can understand (though I do not know that it was the case) that a certain amount of confusion might have entered into the arrangements of the hospital for a time. Then, again, I am old enough to remember that if the medical officers deviated one letter from the law—if they purchased this or that which they thought was for the good of the patients, it was disallowed unless it was properly ordered. It might be some trifling thing that would only cost 2½*d.*; but then, it was said, that 2½*d.* had to be multiplied, perhaps, by 150, and the medical officer's pay was not sufficient to enable him to order it, because it would come to a considerable amount. Then the surgeon was called upon to operate when shot and shell were dropping around him, and one distinguished officer, Surgeon-Major George Shaw, whose name should ever be mentioned with honour, fell dead at his post, pierced through the head with a bullet. Now, to preserve a cool head and steady hand under such circumstances indicated a very considerable devotion, and mental power, and training, and I say that all honour should be rendered to those who conducted themselves as medical officers in that expedition under such trying circumstances. None but the medical profession can appreciate all the difficulties and trials that you had to undergo, and none but your profession can judge of the skill and judgment that you displayed. This is a representative assembly; for here we have Oxford sending us its Regius Professor of Medicine, Cambridge its most distinguished surgeon, and we have also amongst us the most accomplished graduates of the University of London. The President of the College of Surgeons and the ex-President of the College of Physicians are with us, with all the most celebrated Fellows of the two Colleges. The most renowned practitioners, in the large sense of medicine, surgery, and midwifery, are here to-night. And why? To express their thorough conviction that you did your duty. (Loud cheers.) It may seem faint praise to say that you did your duty; but remember what it is to do one's duty. It is to bring to bear on the work in hand the whole of your physical power, all your mental and all your moral power; and when the medical profession, in such a representative assembly as this, say that they believe you did your duty, that is a sufficient reason why you should receive a hearty welcome. We desire more; we desire to say that you exercised, under trying circumstances, skill and judgment; and we desire to draw closer the ties that unite us, your civil brethren, to you, the members of the same noble profession. I think myself that the medical officers of the army have no greater honour than to belong to our profession. Highly as I respect combatant officers, highly as I respect other professions, I will yield to none in claims for dignity as regards calling in life (cheers); and if we make everyone here feel the same zeal and the same claim to honour in their profession, I am sure we shall reap the reward. We wish our brethren to feel that we, the civil members o the profession

thoroughly sympathise with them in all their trials and difficulties; that we are one with them—one in their hopes and in their aspirations. I trust, then, that you will drink, with all honour, the health of the medical officers of the army and the navy who have served in Egypt. (Loud cheers.)

Staff Surgeon BELL (in the absence of Staff Surgeon Mahon) briefly acknowledged the toast, and bore testimony to the devotion and self-denial of his brother medical officers in the naval service, and thanked the officers of the Army Medical Department for their hearty co-operation during the late campaign.

Deputy Surgeon-General EKIN responded on behalf of the officers of the Army Medical Department in Egypt. He denied emphatically that there had been any breakdown in the department. On the 27th of July he saw the establishment of the hospital in Alexandria, and he left it capable of accommodating 270 patients. He went on to Ismailia, and there, in consequence of the sudden advance of the troops, everything was not so complete, but there were "stretchers" for many of the patients that were as comfortable as beds; some had no beds, but there was a comfortable dry floor with good ventilation, which was better than sleeping in two or three inches of dust under a tent. During the whole time that he had accompanied the force he had never seen men better looked after, whether on the field or in the hospital. They received every possible care and attention from the medical officers, and he did not think there was a single real case of neglect. The greatest harmony at all times prevailed between the officers of the different services.

Surgeon-General MARSTON also responded to the toast. He said that the arrangements of the Medical Department would have to be tried in a very simple way. The questions would have to be narrowed down to these:—What material had you? What steps did you take to make it accessible? What use did you make of it when you got it? It should be remembered that when they landed the men were instantly moved up to fight, and no sooner were other men landed than they were moved up to the assistance of the first. Then there was a hospital which was called a "base hospital." A base hospital was generally understood to be a general hospital; but it could not be so, because they had no means of making contracts there. They had to depend upon the food which was brought down; but as to medical comforts, beef-tea, milk, soda-water, champagne, claret, &c., there was an abundance of them. It should not be forgotten that there was a strain upon the transport service. Had the transport been there it would have carried the field hospitals, and interposed a break between the fighting army and the so-called base, the base being merely a place for the temporary succour of the wounded who were intended to go on board floating ships. It was his duty to look after the sanitary condition of the force. He had no doubt that there were some cases of privation, many cases of inconvenience, some of discomfort, and a few, perhaps, of apparent hardship, but that there was any actual real hardship suffered he denied. Such hardship would tell upon the health of the wounded, but from August 23rd to September 29th, 2800 wounded men, some of them badly wounded, passed through the hospital, and the percentage of mortality was ·6 per month, or, in other words, about one man in 200. (Cheers.) Had the same rate continued for a year it would have amounted to only 6 per cent. of deaths in the hospitals per annum. A charge had been made with respect to the absence of chloroform, but it had been proved that the man in question had had seven drachms of chloroform, and was treated with the greatest care. Six pounds of chloroform were ready at hand at the time the operation was performed. Another statement was that some of the medical officers performed their duties in a perfunctory manner; that one of them asked the patient, "Are you better?" and if the answer was "Better," the medical officer said, "Then why did not you write it on your bedhead ticket?" The fact was that there were no bedhead tickets in the hospital. Another statement was to the effect that pills were taken all round from the same box to the wounded men and dysentery cases. There would have been no harm in that if the pills had been opium, but as a rule, pills being more difficult to prepare than other things, they were only given on the prescript for each individual case. He should like to state a few things that he had himself seen. On the morning of the 13th of September the Surgeon-General and he rode to the battlefield before the battle had taken place. A field hospital had been transported by the canal, and the flag of the hospital was pitched in the earthworks that had been left by the enemy. The stores were disembarked from the floats on the barges, and twenty-five tents were pitched. The boats were littered with hay to a considerable depth, and planks were put out to form an easy access for the wounded. The wounded began to come in about 7 or 8 o'clock. They were all treated very much in the same way, receiving, according to the gravity of the wound, a small or large dose of opium. The preparations for them were thoroughly prepared at the bottom of the tent, where they were nourished and dressed as well, and as promptly as possible, and, where it was practicable, antiseptically. The opium took effect, and many of the men, even those badly wounded, in less than an hour were asleep. Two hundred wounded Europeans, including seven officers, five of whom were dangerously wounded, were transported in two boats down the canal with an ease that probably had never before been known. About 200 wounded Egyptians were sent by rail. Nearly 400 passed through the hospital at Kassassin. About six cwt. of ice had been brought up by train; most of the men had lumps of ice, and many of them champagne. On the whole, therefore, he thought that it was not a bad day's work. Taking all the circumstances into consideration, he asserted that never had there been a more comprehensive, varied, responsible, or successful medical service rendered in the field. (Loud cheers.)

Deputy Surgeon-General COLVIN SMITH also acknowledged the toast on behalf of the medical officers of the Indian division of the army in Egypt. Happily, he said, everything was prepared in India on a magnificent scale before they left, and there were no shortcomings whatever. The sick-rate was only 15 per cent. for the whole campaign, and the death-rate was *nil*. Only one man was lost, and in that case death was caused by an injury received on board ship. They had an admirable ambulance corps, which they were able to lend to the Army Medical Department; they also lent men to carry off the wounded at the battle of Tel-el-Kebir, and provided an ambulance corps of ninety-six bearers, who, however, in consequence of being detained upon the railway, did not arrive in time. At Cairo they were able to give 200 dhoolies to carry the sick. He was delighted with his department, consisting as it did of army medical men and Indian medical men, who vied with each other in rendering all possible assistance. (Cheers).

Mr. ERNEST HART proposed, "The non-Medical Guests."

Mr. H. T. MACPHERSON and Colonel Sir W. O. LANYON briefly responded to the toast.

Director-General Dr. CRAWFORD proposed "The Health of the Executive Committee." Reference, he said, had been made to military medical administration, possibly some would call it medical unification; but there was another form of unification typified by that assembly. It was no small gratification to him to know that the medical officers of the Army, Navy, and the Indian medical service were taken into the ranks of the great medical profession, and received with a brotherhood which was honourable both to the givers and the receivers. It was a proud moment to find themselves standing shoulder to shoulder with the great chiefs of the profession, and it was still prouder for them after the fatigues and anxiety of war, to come home and rest in the bosom of the profession which was proud to do them justice. (Cheers.)

Mr. EASTES briefly acknowledged the toast.

"The Health of the Chairman" was proposed by Mr. SPENCER WELLS, and the toast having been acknowledged by Sir WILLIAM JENNER, the company separated.

Reviews and Notices of Books.

A Practical Treatise on Electro-Diagnosis in Diseases of the Nervous System. By A. HUGHES BENNETT, M.D., Physician to the Hospital for Epilepsy and Paralysis, Regent's-park. London: H. K. Lewis. 1882.

THE remarks recently made by Mr. Lister on the application of certain branches of physics to practical medicine, together with the fact that within the last two years a knowledge of heat, light, and electricity is required from candidates for the licence of the Royal College of Physicians, serve as indications of the recognised importance

to medical men of a knowledge of the physical agents at their disposal. Every efficient physician can bring to his aid such branches of physics as acoustics, optics, and mechanics, but from want of proper knowledge electricity is not utilised as frequently as its importance deserves. Any work therefore which brings before us the uses of electricity as a physical aid to diagnosis must be of interest. Dr. Bennett's treatise on Electro-Diagnosis has supplied a great want. The reader is not only impressed with the importance of this somewhat neglected agent, but he is taught how to use it with almost as little trouble and expense as the use of the ophthalmoscope entails. The author's professed object is to convey to his readers "the means of utilising at the bedside a physical agent of great value in the investigation of an obscure class of diseases." How thoroughly and ably he has performed his task can only be realised by a perusal of the work. Dr. Bennett is careful to point out that electricity alone cannot enable us to form an exact diagnosis of any disease of the nervous system. As the stethoscope enables us to determine certain physical changes in the lungs or heart, so electricity furnishes us with information concerning the anatomical conditions of nerve and muscle, which enables us to complete our diagnosis when combined with a knowledge of the history, symptoms, and other circumstances of the case. Well-marked phenomena are produced by the application of the galvanic and faradaic currents to healthy nerve and muscle, and in disease these results are modified. "It is the careful consideration of the relations which exist between these two states, and the practical advantages which result therefrom, which constitute the art of electro-diagnosis."

A concise and excellent description is given of the apparatus required for electro-diagnosis. The author's element board can be conveniently attached to any battery which does not possess the ordinary accessories. Dr. Bennett's ingenious combined electrode will do much to bring electro-diagnosis into more common use, for the manipulative dexterity necessary in using the ordinary apparatus has deterred many from employing electricity. All the essential accessories are contained in the handle of the electrode, so that the currents can be graduated, alternated, and interrupted by using one hand only. The anatomical knowledge required is shortly stated, and the excellent plates aid in its acquisition.

The chapters on the electrical reactions in health and disease supply knowledge which is absolutely essential for the intelligent use of electricity, and should be read by all who desire to employ it scientifically. The observations on the relative electric excitability of the nerve-trunks, the motor points, and the muscles are worthy of attention. The spinal accessory nerve appears to be the most sensitive to electric irritation. The anterior crural and external popliteal nerves are as nearly as possible equal to the median and facial as regards their electric irritability. Such facts are of use when, for example, both legs are paralysed, and we can derive no information as regards the electric irritability by comparing one leg with the other. The information we desire can, however, be obtained by comparing the nerves of the legs with those of nearly equal irritability in the arms.

A series of cases is given in Chapter VIII. which illustrates the electrical reactions in the different forms of paralysis. The study of this subject is facilitated by the excellent grouping of the various paralyses into those resulting from disease of the brain, of the spinal cord, of the peripheral nerves, and those of doubtful origin. The cases are well chosen, and show that electro-diagnosis is a powerful auxiliary when taken in conjunction with other facts and observations. Dr. Bennett insists most strongly that "we must not expect electricity by itself to act as a mysterious power which will give us every information without an inquiry into all the circumstances of the case." In the last chapter examples are given which prove that electricity can often give us information which cannot be arrived at by any other methods of investigation, and that its application is sometimes essential before we can form a complete diagnosis.

The work is calculated to supply the medical profession with scientific information regarding a most important diagnostic agent which has too long been looked upon with mistrust.

OUR LIBRARY TABLE.

Elements of Dental Materia Medica and Therapeutics, with Pharmacopœia. By JAMES STOCKEN, L.D.S. Eng.; assisted by THOMAS GADDES, L.D.S. Eng. and Edin. Third Edition, 1882. London: J. and A. Churchill, New Burlington-street.—Both dental students and practitioners must be grateful to Mr. Stocken for the very useful manual of which he has produced a third edition. It contains, in most accessible form, information on preparations used in dental surgery, and recipes of all the known remedies for the various forms of toothache, with practical hints as to their application, and on this account it is to be commended especially to the notice of army and navy surgeons, who, under the existing regulations, are compelled often to act the part of dentists when out of the reach of qualified dental-surgeons. The section treating of nitrous oxide gas is most useful, though the part dealing with coma, syncope, and apnœa, is rather involved, and the course to pursue in the event of a foreign body getting into the larynx is not even hinted at. A notable feature of this book is its clear and large type, for which Messrs. Churchill deserve all praise. An index of diseases, with the various remedies numbered according to the page, is an acceptable addition to the volume, which numbering might be carried out with advantage in Section VII., and in the classification of medicines. The literary style of the work is somewhat marred by the frequent occurrence of such solecisms as "strichnia," "rarefication," &c. We also regret to have again to protest against the recommendation of internal remedies by dental surgeons, which this book obviously encourages, and it is to be wished that in future editions the authors may be satisfied with the good work they have done in the large field of dental materia medica without encroaching on the debateable ground of general medicine.

The Medical Man's Handy Book. Edited by WILLIAM SHEPPERSON. London: J. and A. Churchill.—This is an unpretentious but very handy little book, giving at a glance, in fifty pages, a list of incompatibles, of poisons and their antidotes, a table of doses, a table showing the strength of the principal pharmacopœial preparations of the chief drugs; a saturation table, a table of solutions for hypodermic use, and a table of spray solutions from Barber. It can be carried easily in the coat-pocket. It claims no merit beyond that of being an accurate and concise compilation, and this claim may be recognised.

Della Paralisi Regressiva. GUGLIELMO H. BARLOW, M.D. Versione Italiana pel Dottor VIRGINIO BOMPIANO. Milan: Vallardi. 1882.—Dr. Barlow's clinical study of infantile paralysis has been translated into Italian. By the translator, as well as by Dr. Barlow, the name "regressive paralysis" is preferred to current terms. The task of translation has been very well and faithfully executed, and a few original notes have been added. We are glad to see such careful and thorough English clinical work rendered acceptable to the Italian medical public.

Magnetism. By THOMAS P. TREGLOHAN, Head Master of St. James's Science and Art Schools, Keyham, Devonport.

London: Longmans and Co.—A useful little text-book, containing in a small compass a large amount of information on a subject about which, in these days, a great many people are anxious to know something.

Common British Insects, selected from the typical Beetles, Moths, and Butterflies of Great Britain. By the Rev. J. G. WOOD, M.A. London: Longmans and Co.—This is an abridged account of the above-named insects, more fully treated of in the accomplished author's fascinating volume, "Insects at Home." Beautifully printed and profusely illustrated, this smaller work is just the kind of present to offer to a boy or girl at this season of the year, whilst it is not destitute of attractions to persons of maturer years.

Letts's Diary for 1883, including the *Medical Diary*, the *Pocket Diary and Almanack*, the *Office Diary and Almanack*, the *Rough Diary or Scribbling Journal* (two sizes), the *Clerical Tablet Diary*, and the *Housekeeper and Engagement Book*.—All who have used any one or more of this group of useful diaries will welcome their reappearance. By means of them, professional work as well as business operations generally, are greatly facilitated. Indeed, to those who have become accustomed to their aid these diaries, or some of them, are simply indispensable.

Our Happy Family, being the Little Folks' Annual for 1883, and *Cassell's Illustrated Almanac, 1883* (Cassell, Petter, Galpin and Co., London), are beautiful specimens of the arts brought into requisition for the production of Christmas books. They certainly do no discredit to the high reputation of the publishing firm from which they are issued.

THE ALKALINE PICRATE OF POTASH TEST FOR GRAPE SUGAR.

To the Editor of THE LANCET.

SIR,—For the practical application of the test for grape sugar, referred to, and briefly described, in my letter in THE LANCET of November 18th, and for the indication of the precautions to be observed in its use, both as a quantitative and a qualitative test, several details will have to be carefully worked out. One of the most interesting results of the use of this test is the clear indication which its gives of the frequent, if not constant, presence of a trace of sugar in normal urine, a condition asserted as a fact by some high chemical authorities and denied by others. On this point see Dr. Parkes on the Urine (p. 11).

I am indebted to my son, G. Stillingfleet Johnson, the junior demonstrator of chemistry at King's College, for the following contribution to the chemistry of this interesting subject. I am, Sir, yours obediently,

Savile-row, Nov. 23rd. GEORGE JOHNSON, M.D., F.R.S.

The Picrate of Potash and Caustic Potash Test for Grape Sugar.

Several precautions are necessary in the use of this test. First, care must be taken not to employ too strong a solution of caustic potash, for picric acid is decomposed by concentrated potash on boiling, ammonia being evolved in abundance, and a dark-brown colour being produced. The liquor potassæ of the British Pharmacopœia does not decompose picric acid when boiled with the crystals. A solution of potassic hydrate, containing 20 grammes KHO to 1 litre of water (nearly 2 per cent.) produces no decomposition when boiled for many minutes with crystals of picric acid; whilst the full effect of Moore's test for grape sugar may be obtained with a solution of this strength. In testing the limit of delicacy of the potash and picrate test, a 2 per cent. solution of caustic potash was therefore uniformly employed. Secondly, it is necessary to avoid the presence of an excess of picrate, on account of the strong colouring effects exhibited by this substance when boiled with excess even of dilute (2 per cent.) potash solution. It was found impossible to detect less than 50 parts of grape sugar in 100,000 parts of water, when a saturated cold solution of picrate of potash in 2 per cent. caustic potash was boiled with the grape sugar, and the colour produced compared with that obtained by boiling an equal volume of water devoid of grape sugar, mixed with the same volume of the alkaline picrate. The deep colour of the alkaline picrate itself interfered with the delicacy of the test.

By adopting the following method it is possible to detect three parts of grape sugar in 100,000 parts. 0·8 c.c. grape sugar solution (containing 0·0006776 gramme grape sugar) was mixed with 20 c.c. of 2 per cent. potash solution and 0·5 c.c. of a cold saturated solution of picrate of potash. This liquid was boiled for about thirty seconds in a flask. 20 c.c. of 2 per cent. potash solution + 0·5 c.c. of the same picrate of potash solution was boiled for an equal length of time in another glass flask. The two liquids were then transferred to two colourless test-tubes, held vertically over a white porcelain plate in a good light, when that containing the grape sugar was seen to be very slightly, but distinctly, darker than the other. This experiment, by which the limit of delicacy of the test was fixed, will give a sufficient illustration of the general method to be employed, and the precautions necessary in applying this delicate test.

As regards the application of this test to the detection of grape sugar in urine; since it was observed that normal urine gives a slight indication with the alkaline picrate, the interesting question suggested itself whether any other substance present in urine is capable of producing a colouration on boiling with a solution of potash and potassic picrate.

In order to solve this question, if possible, Brücke's method for separating sugar from urine was employed. About half a pint of normal urine, which produced, however, a blood-red colouration with the picrate test, was mixed with four times its volume of absolute alcohol in a glass beaker and filtered. To the clear filtrate was added an alcoholic solution of ten grammes of caustic potash, and the mixture having been well stirred was allowed to stand for four days.

The addition of the alcohol throws down a copious precipitate, consisting of the bulk of the inorganic salts of the urine, which are removed by filtration. The alcoholic potash produces a gradual separation after a day or two of a compound of grape sugar with potassic hydrate, which is insoluble in the alcohol liquor.

A few drops of a reddish oily liquid separated out and a few crystals formed on the sides of the beaker. The clear yellowish liquor was now decanted from the sediment, neutralised with dilute sulphuric acid, filtered and distilled to remove the alcohol. The aqueous residue in the retort, which contains the extractives and other substances, gave no indication of grape sugar with the picrate test; indeed, it became somewhat paler in colour after boiling with the alkaline solution.

The solution in water of the sediment in the beaker, on the other hand, gave the sugar reaction with alkaline picrate very strongly. This solution was now treated with an excess of solution of basic acetate of lead and filtered, to remove the extractive matters; the filtrate was freed from excess of lead by sulphuretted hydrogen and filtration, and the resulting clear solution was concentrated by evaporation. On testing with the alkaline picrate, it still gave distinct indications of the presence of grape sugar, and, on further concentration, also with Fehling's solution. So far, then, the chemical application of this very delicate test seems to confirm Brücke's statement that traces of grape sugar may be detected even in normal urine. Further confirmation of this statement can be obtained only from clinical observation.

G. STILLINGFLEET JOHNSON, F.C.S.

PRESENTATION.—The members of the Loyal Albion Lodge of Odd Fellows, Manchester Unity, have presented their surgeon, Dr. Alderson of Hammersmith, with a silver-mounted library inkstand and a collarette, accompanied with an illuminated framed address, in recognition of his valuable services to the Lodge for the past fourteen years.

A CORONER'S jury at Birmingham has returned a verdict of "Wilful murder" against a midwife at Balsall Heath, for the improper use of an instrument for the purpose of procuring abortion, death having resulted from the operation.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 25, 1882.

WE were unable in our last issue to do more than make brief reference to the Report of the Inspectors of the Local Government Board on their inquiry into the deaths following vaccination at Norwich. It will be recollected that the circumstances attending these deaths, which were alleged to be due to erysipelas, had, in the first instance, been investigated by Dr. AIRY. It had, however, been felt desirable for the purpose of better ascertaining the cause of the disease which had appeared at the vaccination station, that a public inquiry should be held, and with this object Mr. J. J. HENLEY, one of the general inspectors of the Board, was associated with him. At this inquiry the complainants, the guardians, and the public vaccinator, were represented by counsel, and a number of witnesses were examined.

A perusal of the evidence at once shows that from the beginning of the inquiry to its end the main question of the manner in which some of the children attending the station came to be infected by erysipelas was to a great extent lost sight of; and the efforts of those engaged to represent the different "interests" were devoted either to defending the public vaccinator, Dr. GUY, or to proving that vaccination, as such, was responsible for the series of events which had followed the operation. Fortunately the main facts were undisputed, and the history of this sad occurrence can be readily told.

Of thirty-three children who were vaccinated at the Norwich Vaccination Station on June 13th, six were subsequently attacked with erysipelas; while of twenty-eight who had been vaccinated in the previous week, but who had attended at the station on June 13th for the purpose of being inspected, one subsequently developed erysipelas. One other child, who attended at the station for the first time on June 27th, also, at a later period, suffered from the same disease. Thus altogether eight children were affected, of whom four died. These children may be readily divided into two groups—the first consisting of GIRLING, TYLER, THREADKILL, and LAMBERT, who were all attacked with erysipelas in the vaccinated arms—three within twenty-four hours of the operation, and the other, LAMBERT, who had been vaccinated the week previously, within two days of her vesicles being opened on June 13th at the station by Dr. GUY. The second group, consisting of COLISON, WILLSEA, and WORRELL, developed erysipelas a short time after attending at the station for re-inspection, the attendance of COLISON and WILLSEA being on June 20th, that of WORRELL on July 4th. In each child the erysipelas appeared first on some part of the body other than the vaccinated arm. The eighth case, BROWN, is also described as suffering from erythema, appearing a week after re-inspection on June 20th, but as there is some doubt of the nature of this child's illness, it will be well to omit it from further consideration.

It will be seen that interest is chiefly centred in those children who were attacked with erysipelas within a short while of their visit to the station on June 13th. Up to this date no erysipelas had been present there. By June 20th, the date of the subsequent attendance, erysipelas had already attacked four children, one of whom, GIRLING, with the disease upon her, was present at the station on that day, thus affording opportunity for the further extension of the disease.

The four children referred to received lymph from three separate vaccinifers. LAMBERT had, with five other children, been vaccinated on June 6th from lymph taken from SEWELL. None of these had a bad symptom until after the day of inspection, when LAMBERT was the only sufferer. THREADKILL and TYLER were vaccinated from ARMES, who had himself received lymph from SEWELL, the same source as LAMBERT; the lymph from ARMES was also used for the vaccination of two other children, with the result of the failure of vaccination in each case, but with no production of erysipelas. GIRLING was vaccinated from a child named WICKS, and, omitting BROWN already referred to, five other children were successfully vaccinated without injury from the same source. It is obvious that these children must have received their infection on June 13th, and that the erysipelas from which they suffered was not related to any special lymph. Dealing with this part of the subject, the inspectors lay stress upon the fact that on June 13th thirteen children had been successfully vaccinated without harm before the introduction of the unknown cause of the subsequent mischief. "Then come the four children who were vaccinated from PERCY ARMES: two were attacked with erysipelas the same evening and died within a fortnight; in the other two the vaccination was wholly unsuccessful." "It cannot be doubted," continues the report, "that at that moment some poisonous agency came newly into play at the station. We cannot divest our minds of the strong impression that the lymph used in vaccinating those children must have carried with it the elements of disease which they subsequently developed." The possibility of the introduction of erysipelas by some person, perhaps the mother of one of the children concerned, is considered and disallowed; and the possibility that the introduction of pure lymph into a healthy child's arm may produce erysipelas, is naturally rejected. The relation of the appearance of erysipelas in the children vaccinated from ARMES, and to the appearance of the disease in the persons of LAMBERT and GIRLING, is so far recognised that we are told, "In these later cases the illness was probably due in some way which we cannot trace to the same cause which had operated in the earlier cases on this day." But one other possibility is considered and equally rejected by the inspectors—namely, that the use by Dr. GUY of certain ivory points for the transference of lymph from the vaccinifer to the vaccinee, could have been the means by which septic poison was introduced into the station—points which, it must be remembered, had been previously used for the same purpose, although subsequently cleansed. It is rejected because the inspectors find difficulty in understanding how, on this hypothesis, it could happen that ARMES should escape being infected by the points applied so many times to his vesicles, while two out of our children vaccinated with those points caught erysipe-

las, or how the child LAMBERT should be infected in the act of taking its lymph, while the child vaccinated from her should escape; or how GIRLING should be infected while the child WICKS, from whom she was vaccinated, escaped.

Here we are practically left by the inspectors; and but for the memorandum by Dr. BUCHANAN, which he has addressed to the President of the Local Government Board, the mystery would have remained without solution. But the difficulties, experienced by those who conducted the inquiry, soon disappear when the subject comes to be considered by the light which is there brought to bear upon it. Dr. BUCHANAN shows that the assumption of the introduction of a few dirty ivory points in the middle of the sitting on June 13th is sufficient to account for all that afterwards happened. The difficulties of the inspectors in accepting this theory only hold good if the physical characters of the lymph in each child, and the readiness of each point to give up or retain the matter upon it, were in every case alike. As Dr. BUCHANAN shows, it is more than probable that the lymph obtained from the vesicles of the child ARMES was a weak lymph, from the fact that two out of the four children vaccinated from this source developed no vesicles, and, like most weak lymph, would flow readily. Under these circumstances the lymph could easily be removed on dirty points from ARMES' vesicles without infecting him, while when rubbed into the arms of THREADKILL and TYLER the septic matter on the points would be communicated to these children. So again, lymph might have been removed from WICKS without infecting her, while the septic matter on the point would be easily rubbed into GIRLING, vaccinated from her. With regard to LAMBERT the case is different, for she was undoubtedly infected while acting as vaccinifer to JOHNSON, who escaped; but here, as the memorandum shows, there is some doubt whether two other children were not also vaccinated from LAMBERT, and no inquiry seems to have been made to learn further what were the effects on these children of their vaccination; or LAMBERT may have been infected by some point one surface only of which was charged with septic matter, while the other was applied to JOHNSON. The suggestion made by Dr. BUCHANAN is itself a probable one, that LAMBERT might be infected by some point which was used for the storage of lymph, and not again employed at the station. This is a greater probability, for lymph for the vaccination of children at the station would almost certainly be taken from LAMBERT before that for storage, and hence the infected point might not be introduced until after the children had been vaccinated, and until much of the lymph had been removed, when a closer contact of the point with the surface of the vesicle would be inevitable. The whole of these considerations appear to have been neglected, and we can only regret that, in view of the important nature of the investigation, more thought was not bestowed upon the relation which seems to have existed between the bad practice of using ivory points for direct vaccination and the introduction of erysipelas into the station.

Dr. AIRY'S past work is so well and so favourably known to us that we cannot but sympathise with him in the difficulties of his position in this inquiry. We have previously pointed out that his first investigation, unhindered by the laws of evidence and other technicalities, had already elicited many points of interest, and there is no doubt that, had the public inquiry been conducted on the same lines, Dr. AIRY would have been better able to have followed up the clue which was then discovered. It was only in the latter investigation that the fact became known that Dr. GUY had not abandoned the habit against which he had been cautioned of using ivory points for arm to arm vaccination, and if the attention of the inspectors had been directed to ascertaining the cause of the erysipelas rather than to listening to complaints against vaccination and to evidence on behalf of Dr. GUY, there is every reason to believe that, with this piece of knowledge in their possession, the result would have been different.

Nevertheless, the main object has been attained; for, read in conjunction with Dr. BUCHANAN'S memorandum, an important lesson may be learnt, and the instruction which he proposes to add to those already enjoined upon public vaccinators—viz., never to use an ivory point a second time—will doubtless go far to prevent in the future a repetition of such an accident as that which has occurred at Norwich.

THE reception by the Government of the Deputation which waited on the President and the Vice-President of the Council on Wednesday, requesting the Government as soon as possible to initiate reform of the Medical Licensing System and of the Medical Council on the lines of the Report of the Commission, was very satisfactory. Lord CARLINGFORD—who may be assumed to come somewhat fresh to the subject, considering how recently he has undertaken the duties of Lord President of the Council—showed his interest in the matter by listening most patiently and attentively to the statements of the deputation. Besides, he asked various questions much to the point. Mr. MUNDELLA, too, listened and spoke in earnest. Dr. WATERS of Chester went over the history of the various attempts to amend the composition of the Council and to effect a consolidation of the licensing authorities, and showed how the profession and the British Medical Association had, over and over again, by large votes and largely signed memorials supported such attempts. On essential points of reform there was wonderful unanimity, the only dissentients being, as in all similar cases, the bodies most needing reform. This opposition is most natural, and supplies an argument in favour of change rather than otherwise. Dr. GLOVER spoke with special point on the question of the Scotch opposition. As the holder of a Scotch diploma in Surgery he felt particularly aggrieved by the disparaging remarks made in England as to the inferiority of the examinations of the Scotch Corporations. He thought the holders of such licences had a right to expect from the Government the creation of a central authority above all suspicion, that could and would guarantee the substantial equality of licensing examinations, whether in London, Edinburgh, or Dublin. It is clear that by reducing the licensing authorities from nineteen to three, and by creating a strong council, in which the Corporations shall no longer be predominantly represented, the work of regulating education and of supervising examinations may be much more effectively done than is at present possible. The Scotch Corporations will little consult their dignity or the interest of their licentiates if they continue their opposition

to the only reform that can stop the mouths of detractors and place their diplomas on a level with those of sister Corporations in the other divisions of the kingdom. Dr. GLOVER was equally explicit in speaking as a Graduate of the Edinburgh University. He pointed out that the interests of the Scotch universities had been carefully safeguarded by the Royal Commissioners, who had indeed adopted the terms offered before the Select Committee of the House of Commons by Professor TURNER, Dr. GAIRDNER, and others, and which involve no practical hardship either to Scotch graduates or the universities themselves. It is inconceivable that the Scotch universities should suffer materially if their examinations are accepted in all but the final stage, and the fee charged to their graduates for the licence of the conjoint board be a matter of a five pound note. Under all the circumstances, the Government, which has greatly advanced this question by a Royal Commission inquiry, has only to act with decision on the basis of the Report, and to take the opportunity of dropping a superfluous corporation in each division of the kingdom, to secure the support of the public and the great bulk of the profession.

THE course of the physical development of the human body has often been the subject of investigation, and most of the facts relating to it have been so carefully ascertained that it might seem that there is scarcely room for fresh researches on the subject. The facts of growth have been, however, once more verified, and, we must add, our knowledge of them has been extended by Dr. THOMA, who has described, in a volume of nearly three hundred pages, the observations he has made, which relate to the development not only of the body as a whole, but also of some of its constituent organs and tissue-elements, and thus constitute a very complete account of the subject. The comparison of his own measurements, and those of others, shows that to the usual excess of the body-length and body-weight of males over females, there is an exception between the twelfth and fifteenth year of life. At this period the development of the female equals, or even exceeds, that of the male, an indication of the earlier attainment of puberty in the female sex. Normal growth is not uniform, but presents an increased or lessened activity at different periods of development. The most rapid growth is observed in the last months of fœtal life; after birth it gradually becomes slower, until some time between the sixth and ninth year. An acceleration then commences, which becomes most rapid between the thirteenth and sixteenth year, and after this epoch a progressive retardation is observed. The full height is attained at latest by the thirtieth year, but the average weight continues to increase. In later life both lessen. The variations from the average are greatest at the period of most rapid growth, and least when this is slowest. All the phenomena occur earlier in females than in males.

Of the internal organs, chief attention was paid to the heart and the kidneys. The average weight of the heart undergoes the most rapid increase immediately after birth; its rate of growth gradually diminishes, but at puberty it presents a transient acceleration. After forty-five a slight increase in weight occurs, and no doubt, as commonly believed, this increase is the result of degenerative changes in the arterial system. Apart from these special influences the curve presented by the rate of growth has nearly the same shape as that which indicates the body growth. Like this, also, the chief deviations from the average are met with at the period of most rapid growth, immediately after birth. THOMA has given certain rules for comparing the weight of the heart and body, by which he believes that the existence of hypertrophy can be recognised with certainty even when it is too slight to be detected by ordinary methods of estimation. The rate of growth of the kidneys is nearly the same as that of the heart and the whole body; and the relation borne by the weight of the heart and of the kidneys to that of the whole body is nearly the same throughout life. At all periods of life the weight of the left kidney is greater than that of the right.

Measurements of the larger bloodvessels showed, amongst other facts, that the post-fœtal growth is least in the common carotid artery, and greatest in the renal and femoral arteries, while the rate of growth of the subclavian is between these, and nearly corresponds with the aorta and pulmonary artery. These differences correspond with those which exist in the growth of the parts of the body to which the vessels belong. Up to the thirtieth year of life the pulmonary artery is, on the average, a little wider than the commencement of the ascending aorta. From facts which he has ascertained THOMA has formulated many very interesting mathematical conclusions.

DR. FARQUHARSON, as will be seen from our "Medical Notes in Parliament," did not obtain a satisfactory answer to the question he pressed on the attention of the President of the Local Government Board on the 13th inst. Dr. FARQUHARSON asked whether Mr. DODSON had noticed "the case of 'GRUBB *v.* the Chesterton Board of Guardians,' and the decision and comments of the Cambridge County Court judge thereon; whether the Local Government Board would modify their Consolidated Orders so as to prevent in future the contingency of a district medical officer summoning his board of guardians to pay him his extra fees; and whether he would lay upon the table of the House a copy of the correspondence between Dr. MARTIN O'CONNOR of Charteris, Cambridgeshire, the Local Government Board, and the North Witchford Board of Guardians, Cambridgeshire, relative to the refusal of the latter body to pay a fee claimed by Dr. MARTIN O'CONNOR." To this Mr. DODSON replied that "he had seen the newspaper report of this case, in which a Poor-law medical officer obtained judgment for extra medical fees for attending a poor woman who had met with an accident. In regard to the proposed modification of the general order, it did not appear to him that the Local Government Board could so alter it as to prevent a medical officer taking legal proceedings against a board of guardians for extra medical fees if they declined to pay, or, on the other hand, require the guardians to pay such fees when not legally due. In regard to the correspondence, that would be produced if the hon. member liked to move for it."

This, we take it, constitutes a typical example of the administrative conduct, and aptly illustrates and exemplifies the policy, of "the Board." The question and answer should be carefully studied by medical officers in the service of the Local Government Board, that they may see how attempts to help them are ingeniously frustrated. The Board — which we fondly hoped might, under the rule of Mr. DODSON,

develop into a Ministry of Health—will have nothing to do with any practical difficulty. Medical officers must fight for their extra fees in a court of law if they are to get them. "Extras" are defined in the Consolidated Order, and guardians are empowered to pay them, but the Board will not take upon itself to determine the merits of any claims. If medical officers want to be paid their just charges, small as these are, they must find time and spend money to obtain justice.

It would be interesting to observe how this final rebuff will affect those of our brethren who serve the Mammon of unrighteousness at Whitehall; but it is a foregone conclusion that appointments under the Board will be as keenly contested as ever, let the Board do what it please or may. We honestly believe that if an edict went forth reducing the stipends of medical officers to a modicum of the present paltry rate, and insulting them by fresh impositions, the competition would be as eager as ever for the service, and the work would be done fully as well—in fact the same men would do it. Under these circumstances what possible good is likely to result from protesting and remonstrating? Dr. FARQUHARSON did his best, and it was kindly meant, but he "kicked against the pricks," and the manner in which his just appeal was met is simply a fair specimen of the sort of response all such appeals are likely to elicit.

AMONG the subjects which have been brought prominently to public notice within the last few years, there is perhaps none more deserving attention than the influence of houses in an insanitary condition upon the health of the inmates; and this injurious influence is not to be observed only in the crowded, ill-constructed dwellings inhabited by the poorer classes, or even by those who have the means of living comfortably and under conditions which might be presumed to ensure health, but it is found in active operation in the mansions of the highest and most wealthy. Of this the fatal illness of the Prince Consort, and the long and severe attack of typhoid fever from which the Prince of WALES suffered, are notable public instances. But the leading members of the profession know too well how often serious disease from defective sanitary arrangements occurs in the families of persons occupying splendid mansions in the West-end. The defects are sometimes the result of gross and culpable neglect on the part of the builders or their clerks of works, in such cases, for example, as the omission to open the house-drains into the sewer or to trap the drains, or allowing the soil-pipes to be made with slip-joints instead of being soldered; in other instances they are the result of ignorance on the part of the persons employed, who are not aware of the necessity for careful levelling of the drains, and cutting off all communication between them and the cisterns and sinks. But householders are exposed to these serious risks, not only from defective original construction, but also from the consequences of wear and tear, of accidental damage, and of the destruction caused by rats. It becomes, therefore, a very serious question for paterfamilias, when he is changing his residence, how to weigh the probabilities of it proving a healthy one, and after he has occupied it how he may assure himself of the continuance of this satisfactory condition. To send for a builder or a surveyor to inspect the proposed residence by no means affords a guarantee that the desired object will be attained, for unfortunately there is still a large proportion of these classes who are ignorant of the principles of sanitary science, and who, while they can judge satisfactorily of the condition of the building as regards brick and mortar and timber, the soundness of the walls, floor, or roof, are yet unable to give a correct opinion upon its health requirements. To meet this difficulty, within the last two years several associations and limited companies have been formed with the object of providing for the inspection and supervision of the dwelling-houses of the members and subscribers by a competent staff of well-qualified sanitary officers, surveyors, and engineers. Three such associations have been organised in London and several in the provinces. Subscribers may have their houses carefully and skilfully inspected, the defects in their sanitary condition pointed out, and the necessary alterations and improvements suggested. These, if adopted, may be carried out under the superintendence of the Company's officer, in accordance with an estimate given along with the report. Members are also entitled, so long as they continue their subscription, to have their premises inspected annually, with a view to ascertain that they continue in a satisfactory condition. The advantages arising from such an arrangement are too obvious to require comment. The expense incurred will probably be far more than compensated by the exemption from preventable disease and the satisfactory feeling that every precaution has been taken to preserve the health of the inmates. We believe there are very few houses in London of which the sanitary condition could not be improved and does not require careful supervision, and we therefore strongly recommend the subject to the serious consideration of all heads of families. The injurious effects upon health arising from the very general neglect of even the most obvious sanitary precautions are too common, and far too serious to be overlooked; and we trust the day is not far distant when the preservation of the members of a family from preventable causes of disease will receive as much attention and care as the provision of the more obvious necessaries of life.

Annotations.

"Ne quid nimis."

THE EXECUTIVE COMMITTEE OF THE MEDICAL COUNCIL.

THIS committee, which largely does the work of the Medical Council, met on November the 10th. Over sixty names which had been erased from the Register under Section 14 of the Medical Act were ordered to be restored on payment of the prescribed five shillings. We cannot too often remind our readers of the necessity to communicate changes of address, and to answer letters of inquiry, if they would escape erasure under this clause. In numerous instances leave was given to antedate studies on the strength of pupilage, or unqualified assistantship. In some instances leave was given to be registered as medical students without passing a preliminary examination. A new preliminary examination was recognised by a decision of the Executive Committee. This is an examination to be established by the Oxford and Cambridge Schools Examination Board to serve in lieu of the ordinary entrance examination to the various professions. A report was read from the College of Pre-

ceptors with important information on the state of preliminary education as tested by the college examination for medical students. Of 223 examined at London, Bristol, Birmingham, or Leeds, 74, or about one-third, passed, and 146 failed to obtain certificates qualifying them for registration as medical students. The secretary says "half the rejected candidates, or a third of the total number examined, were very ignorant, and several had been rejected at previous examinations." We may here observe that the volume of the Minutes of the Council for the present year is now to be had of the printers, and contains much matter of professional and public interest.

BANQUET TO THE MEDICAL OFFICERS OF THE EGYPTIAN EXPEDITION.

ON Tuesday last the medical officers who served in the late campaign in Egypt were entertained by the leading members of the profession at a banquet in Willis's Rooms, to welcome them home. Sir W. Jenner, Bart., K.C.B., President of the Royal College of Physicians, was in the chair, supported by Lord Morley, Under-Secretary of State for War, and H. Campbell-Bannerman, M.P., First Secretary to the Admiralty, representing respectively the Army and Navy. Letters were read from H.R.H. the Duke of Cambridge and Sir Garnet Wolseley, expressing their regret at being unable to attend in consequence of having received Her Majesty's commands to dine at Windsor after the ceremony of the distribution of medals to the troops, and from the Secretary of State for War, who was prevented taking part in the entertainment by the state of his health. The meeting was a thoroughly representative one of the profession, there being about two hundred and seventy present, including most of the leading men in civil practice, and about sixty medical officers of the army and navy. During the meeting a telegram was received from the members of the Berlin Army Medical Society conveying their good wishes to the medical officers returned from Egypt, which was at once duly replied to by the chairman. In acknowledging the toast of "The Navy, Army, and Auxiliary Forces," proposed by Sir James Paget, the Earl of Morley and Mr. Campbell-Bannerman both bore testimony to the zeal and untiring energy exhibited by the medical officers throughout the campaign, to the appreciation on the part of both the War Office and the Admiralty of the services they had rendered, and to the desire of the authorities to promote by every means in their power the perfect efficiency of the medical branch of the services. The toast of the evening, "The Medical Officers of the Egyptian Expedition," was proposed in an eloquent speech by the Chairman, who adverted to the difficulties they had successfully encountered, their troubles on sanitary matters, their hospital difficulties, and their surgical trials. The toast was acknowledged on behalf of the Navy by Staff Surgeon Bell, of the Army Medical Department by Deputy Surgeons-General Ekin and Marston, and of the Indian Contingent by Deputy Surgeon-General Colvin Smith. These officers, in their respective addresses, gave some interesting information regarding the difficulties with which they had to contend, the amount of work done, and the satisfactory results, as shown in a very low rate of mortality. It is the first opportunity they have had of answering in public any of the charges brought against them, in some instances in a most unscrupulous and unjustifiable manner. They have drawn attention to the great difficulties under which they laboured, chiefly from the inadequate transport available—a want which they admit was unavoidable under the peculiar circumstances of the campaign, and for which they do not desire to throw blame on any of the other departments, but for the results of which they decline to be held responsible themselves. With regard to the charge brought against them in connexion with the treatment of the patients in the hospital at Ismailia, which was not really a base hospital, but a depôt for the reception of sick and wounded while awaiting embarkation in one of the hospital ships, Colonel Sir Owen Lanyon gave some most important information. Sir Owen stated that, as base commandant, it was his duty to visit the hospital daily, and he had on these occasions always specially inquired whether the men wanted anything. During the whole time he had only two complaints from men lying in contiguous beds badly wounded, one in the jaw, the other in the chest. They stated that they had had nothing to eat for thirty-six hours, which was perfectly true; but he found they had abundance of fluid food—not a bad diet, one would suppose, for such cases. Coming from an officer of Sir Owen Lanyon's standing and experience, this cannot but be regarded as valuable testimony to the satisfactory manner in which that hospital must have been conducted. We have no doubt that many of the other charges will be ascertained by the Committee now inquiring into the working of the Department to be based on equally insufficient grounds. The meeting must have been most gratifying to the medical officers of the Army and Navy, as evincing the warm interest taken in their success and welfare by their brethren in civil life, and will doubtless tend to strengthen the bond already existing between them.

"OVER-WORK" AS A HEALTH PRESERVATIVE.

THAT great debating club, the House of Commons, on a recent occasion devoted a little of its evidently superfluous time and energy to the discussion of a very interesting question in physiological psychology—namely, how far the mental and physical toil of tedious sittings carried far into the nights may tend to clearness of judgment, strength of intellect, health, and longevity! The senior member for Northampton, with that originality for which he is remarkable, enunciated as "a statistical fact that those who wished to live long ought to sit up late." Something of the sort has, indeed, been said before in a once popular song, wherein, if we remember aright, it was laid down that "to lengthen your days" the best plan is to "take a few hours from the night;" but Mr. Labouchere is probably the first to commend this method of prolonging life, in all seriousness, to the consideration of the Legislature. In support of his "statistical fact" the hon member instanced the late Lord Palmerston, and the late Lord Russell, and the present Prime Minister. This style of argument reminds one of the ingenious inference once deduced from another "statistical fact"—namely, that the old night-men of London enjoyed an exceedingly low death-rate. It was forgotten that few men engaged in this service until they had survived most other occupations, and given practical proof of their being able to bear very nearly anything. Moreover, the men who spent the night in emptying cesspools, could, if they chose, sleep by day, whereas, as Mr. W. H. Smith pointed out, this privilege is practically denied to the great majority of our legislators, and without exception to the working members of a Government. The senior member for Westminster was amply justified by facts, general as well as statistical, in expressing an opinion that "it would be conducive to the public interests that they should be able to bring a coolness of intellect and a freshness of power to the consideration of the questions that were brought before them." This is, obviously, impossible while the House of Commons sits far into the night; and not only members of this august assembly, but the public interests, suffer in consequence. We will not be so ungracious as to profess our entire sympathy with the view propounded by Mr. O'Donnell, who did not think it of much consequence even if their numbers were thinned by protracted debates! The community at large probably looks at the

matter pretty much in that light. It is, however, for us to say that we are sorry to see the Commons of England sacrificing their health and shortening their lives by a mode of serving their country for which, be it honestly confessed, their country has no preference, and is not grateful. Mr. Cowen was strictly just in his physiological argument; the excessive strain thrown on the strength of even a member with "an iron constitution" not only endangers his health but impairs, if it does not destroy, his "temper"—using the term in its true sense—so that the exercise of a perfect judgment is impossible. No man expects a sleepy and jaded steed to show its paces to advantage; and no reasonable man can believe the brain cerebrates most efficiently after it has been wearied and worried by a long sitting. As a matter of fact, observation, and experience, the great bulk of the more important questions which come for consideration before the Legislature are debated and decided under conditions which render it impossible that the minds at work upon them should be, at their best, in full force and at once acutely active and resilient. This is a very serious reflection for the public. It is not conducive to the interests of the community that its laws should be made and its affairs managed by intellects which are, to use a familiar expression, "pumped out." The brilliancy which sometimes seems to distinguish the House of Commons late in the evening, after its members have returned from dinners and assemblies, is allied to the courage which may be stirred in the mind of a poltroon by a strong glass of brandy-and-water. There is no depth of sagacity in the legislative counsels of the small hours. The speeches delivered at that period of a sitting are like the red fire at the close of a pantomime—they quickly go out in farce. The last hour or two of even a sensational debate is little better than a display of oratorical fireworks, and the division which follows is either a foregone conclusion or a *fiasco*. It is time this question were discussed by the country. It is unreasonable to hope that it will ever be fairly debated in the House of Commons itself. If the mere fact of being able to sit up late at night is to be the principal qualification for Parliamentary honours this ought to be understood. We fancy most citizens would prefer to be governed by legislators and administrators of the greatest intellectual capacity, working under conditions conducive to health and favourable to the exercise of mind-power in its state of highest efficiency.

THE REWARDS FOR THE CAMPAIGN IN EGYPT.

IT is with much gratification that we observe that the medical officers have come in for a fair share of the promotions and rewards which have been bestowed with a liberal hand in acknowledgment of the services performed in Egypt. And it is still further satisfactory to find that these rewards have not been confined entirely to the senior grades, but that all ranks of the department have been included. The more substantial rewards in the shape of promotion have been as follows: Brigade Surgeons J. A. Marston, M.D., and W. G. N. Manley, V.C., to be Deputy Surgeons General. Surgeons-Major J. S. Comyn, M.B., and B. T. Giraud, M.B., to be Brigade Surgeons. Surgeons-Major, with relative rank of Major, T. F. O'Dwyer, M.D., and Lawrence Corban, M.D., to be Surgeons-Major with the relative rank of Lieutenant-Colonel. Surgeons J. G. Rogers, M.B., and B. B. Connolly to be Surgeons-Major; and Captains of Orderlies D. Pringle and R. T. Osborne to be Honorary Captains. Of the less substantial but not less coveted honorary distinctions the following have been gazetted:—Deputy Surgeon-General J. A. Hanbury, M.B., C.B., has been promoted to be a K.C.B., and has been permitted to accept the second-class order of the Medjidie; Deputy Surgeons-General Colvin Smith, M.D., and J. Ekin, M.B., have been created Companions of the Order of the Bath, and have received the third class of the Order of the Osmanieh, and Brigade Surgeons W. G. N. Manley, V.C., and J. A. Marston have also had the third class of the Osmanieh conferred on them. Surgeon-Major J. H. Beath and Fleet Surgeon Ingham Murray, R.N., have been made Companions of the Bath, and the former has also received the third class of the Order of the Medjidie. The third class of the order has also been conferred on Brigade Surgeons O. Barnett, C.I.E., E. G. M'Dowell, E. M'Grath, R. W. Jackson, C.B., and Surgeon-Major G. S. Davis; and the fourth class of the Order of the Osmanieh on Surgeons-Major J. D. Edge, G. W. M'Nalty, and W. N. Keefer. We heartily congratulate the medical services upon the distinctions thus conferred on their members, and trust they may long continue to display, alike in war and peace, that zeal and energy which have been marked characteristics of the medical officers in this trying campaign.

THE USE OF THE SPECULUM.

THE progress which has been made during the last fifty years in every branch of medical science has been made along a very crooked way; divergencies from the straight path have been long and frequent; errors of various kinds have, one after another, ruled in the schools for more or less protracted periods. At one time most of the diseases of women were referred to the ovaries, at another to inflammation of the uterus, at another to inflammatory ulceration of the neck of the uterus, and at another to so-called displacements of the organ. For many years after the revival of the use of the speculum by Récamier, the great majority of cases of disease of the pelvic organs were claimed as ulcerations of the cervix. This was not unnatural, for the cervix was the only part which could be examined ocularly, or indeed be examined at all. The means for exploring the whole of the pelvis, the ovaries, the body and canal of the uterus had not been discovered, and the consequence naturally was that every case of supposed uterine disease was examined by the speculum. The value of the speculum as a means of diagnosis was, however, greatly over-estimated. Belief in the importance and frequency of inflammatory ulceration of the cervix was rife more than thirty years ago, and for long afterwards, and during this period the necessity of the speculum both for diagnosis and treatment was pretty generally held. There were, however, some who attached no importance to the so-called ulceration, and who brought forward reasons in favour of their views which have convinced gynæcologists generally of the error of the pathology which refers the mass of cases of uterine disease to inflammation of the cervix. With the downfall of this system of uterine pathology the speculum naturally fell into disuse, and when the so-called mechanical school came into existence the use of the instrument as an aid to diagnosis became infinitesimally small. Whether the pathology which has done so much (its best result, perhaps) to discourage the use of the speculum is already on the wane, or is destined to further development, certain it is that the speculum will never be had recourse to for diagnosis with the same frequency as at the period above referred to. For many years, now, the greatest strides in gynæcology have been made in the surgery of the pelvic organs, and the operations devised for the renovation of these organs when injured, or for the supposed improvement of their shape and position, or for the enlargement of constricted or supposed constricted orifices, are numerous; for all these operations the speculum is necessary, and without its aid they cannot be safely carried out. For applications to the mucous membrane of the vagina, also, and for intra-uterine medication, a plan of treatment which is probably destined to greater development than it has hitherto attained, the instrument is indispensable. The means now at our command for

exploring the condition of the pelvic organs are so far superior to the speculum that it forms by no means an important aid in diagnosis, while it is, and always must remain, an indispensable instrument in the local treatment of diseases of the uterus and vagina.

A PAINFUL CASE AT MELBOURNE.

A VERY painful case in its medical bearings has occurred at Melbourne, and been the subject of a coroner's inquest. A Mrs. Stentt, not living with her husband, but with another man, found herself in the fourth or fifth month of pregnancy. On the 4th of August last she went to consult Dr. Barker. Previous to going, according to the testimony of some of the witnesses, she told them she was going to Dr. Barker's to have abortion induced. While in Dr. Barker's surgery she died. He communicated in the first instance with an undertaker and arranged with him for the removal of the body to the undertaker's establishment. He became responsible to the undertaker for the expenses of the funeral and the grave. He saw the city coroner, Dr. Youl, and so far satisfied him as to the case that a permission to bury was accorded without an inquest. He gave a certificate that the deceased died from epilepsy and varicose veins. He also communicated with her friends, but dissuaded them from seeing her, as she was turning black. Under these circumstances, and after a private interview with her husband, the funeral took its course. But there was a slumbering dissatisfaction about the circumstances of the death of Mrs. Stentt, and the coroner at the end of five or six weeks ordered an exhumation and a post-mortem examination. This was made by Dr. H. B. Allen, Mr. Girdlestone, and Dr. Williams. Decomposition of the body had gone far. There were no marks of violence on the external surface. There was, however, a small opening in the skin on the inner side of the right thigh, in close relation with a varicose vein. This might have been a small ulcer during life. There were varicose veins of the legs. The different organs were healthy. The deceased was pregnant to about the fourth or fifth month. "There was an apparent internal wound, through which a probe could be passed upwards about an eighth of an inch under the mucous membrane." The different organs were almost entirely bloodless. There were no stains on the dress. The witnesses all agreed as to the appearances, and in saying that they could not say at that interval what was the cause of death. Dr. Barker was not called to give evidence; but his son was called, who testified that his father called him to see the deceased in the surgery—whom he recognised as having, nine or ten weeks before, been operated on by his father for varicose veins, whom he found fainting, and whom no means could restore to animation. There was no smell, he said, of chloroform. The coroner summed up, and made light of the idea that the internal wound could have caused death. He also thought it natural that a medical man would be anxious to get rid of a dead body, and so have recourse, as Dr. Barker did, to an undertaker. The following verdict was returned: "The jury, having carefully considered the evidence, are of opinion that Mrs. Stentt may have gone to Dr. Barker's with the intention of having abortion procured, but that there is no evidence to show how she came by her death." This verdict did not satisfy public opinion. The Chief Secretary called on Dr. Barker to resign his office as member of the Medical Board and member and chairman of the Board of Visitors to the Metropolitan Lunatic Asylums. To this demand Dr. Barker wrote a long reply defending his conduct. He stated that the deceased came to him asking him to produce abortion. To which he replied, "Certainly not." Whereupon she did not pursue the subject, but in a second or so exclaimed, "I feel very ill—I feel such a fulness in my stomach;" then, almost in the same moment, slid forward in what he thought a fainting fit, from which she could not be recovered. Dr. Barker alleged that the room in which all this occurred opened into another room by folding doors, which were open, and that in this other room there was at the same time a male patient named Cherry. Cherry said he had heard no noise from the adjacent room, but could not see what was going on. This is, indeed, a most painful case. It is difficult to account for the internal wound, and the reports do not enable us to judge of its locality or its importance. The most unsatisfactory part of this case is, to say the least, the indiscretion of the medical man, and the coroner, in not having the case investigated at the period of death by an inquest. A medical man is always liable to have a patient die in his house, but his attitude should be that of one who courts inquiry. Above all, he should avoid obligations to the undertaker, and seek the co-operation and presence of friends. By taking an opposite course, even with the unaccountable consent of the coroner, he lays the basis of endless suspicion. The result is the more distressing as Dr. Barker is a man of forty years' good standing in Melbourne, and filling several public offices.

SCOTTISH LORD RECTORS.

IN view of the proposed Executive Commission to inquire into the changes most desirable in connexion with the working of the Scottish universities, the recent disgraceful conduct of the matriculated students at Edinburgh and Aberdeen, will, by those who wish to see the power of election of the lord rector retained by the students, be deplored. Over and over again scenes sufficiently rowdy have been witnessed when the elect of the students have attempted to discharge the duty of delivering the address which the constituency seems to consider the chief duty of its representative. The lord rector is President of the University Court, which, consisting of the rector, principal, and four assessors, is the court of appeal for the Senatus, and, in a very large measure, is the governing body of the university. He is, with the exception of the chancellor, the head of the university, and during his tenure of office should exercise a large influence in its affairs. It appears strange and unsatisfactory to many, both outside and inside the northern universities, that a body of youths totally unacquainted with the very constitution, apart from the aim and policy of their colleges, should have the opportunity of so frequently making mistakes in the choice of an official of such importance to the best interests of education; while the council, composed chiefly of the graduates, have the right of nominating but one of the assessors to the court. For many years the contest for the rectorship has been entirely political, and usually men known only, or chiefly, in politics have been nominated. Dr. Bain, of Aberdeen, is perhaps, the only lord rector ever elected at that or any other university whose claims were purely academical; and usually the eminent Englishman upon whom the unsought honour is conferred is totally unconnected with, and profoundly ignorant of, if not indifferent to, the views, if such exist, of his constituents. As a rule the part taken by the rector in the work of the university court is extremely small, and it is only towards the close of his term of office that the force of precedent constrains him to satisfy his youthful adorers by the delivery of respectable and perhaps eloquent platitudes, and to offer himself and his friends as targets at which pens meal, hideous sounds, and perhaps blasphemous interruptions can be hurled. A man so singularly of themselves as Dr. Bain, instead of commanding respect and deference from boys who ought to feel proud that such a man is connected with their *alma mater*, is insulted and interrupted so outrageously that he has to take the unprecedented course of handing his address to the reporters.

Remembering the treatment meted out to Lord Rosebery, who might more fitly have lectured his audience on "Decency" than on "Patriotism," we shall be curious to note the reception offered to Mr. Bright at Glasgow in the spring; but recent events, as well as the whole history of rectorial elections, addresses, and neglect of duty, seem to indicate that the time has arrived when such an important official as the lord rector should have a different constituency. At best the election is but a serious interruption to the work of the session; the addresses, with one or two exceptions, such as that of Carlyle at Edinburgh, have been far from memorable; the men chosen have usually had other important duties preventing the due performance of those of this office. The rectors themselves have been distinguished for almost every virtue, except an interest in Scotch universities, while the few who can claim this knowledge and interest have been insulted in a manner even worse than the strangers.

THE ROYAL REVIEW AND THE VOLUNTEER AMBULANCE DEPARTMENT.

WITH the approval of the General Officer commanding the Home District and the Director-General of the Army Medical Department, a circular was issued on Thursday, the 16th inst., by Lieutenant Maclure, Hon. Secretary of the Volunteer Ambulance Department, to the medical officers of various Volunteer corps, requesting them, together with trained bearers of their regiments, to muster at Whitehall Yard on Saturday morning, at eleven o'clock, equipped with stretchers, field-companions, and haversacks. Owing to the shortness of the notice given, it was impossible to secure a large muster. Nevertheless, at the hour appointed, Surgeon-Major Harvey Hill, 18th Middlesex R.V., and Surgeon Platt, T.H.R.B., together with forty bearers, were present at the rendezvous; stretchers, water-bottles, field-companions, and splints being served out by Lieutenant Maclure to each of the ten detachments. They were then marched off, and a detachment placed at each of the following stations along the route to be taken by the troops—viz.: 1, Centre of Piccadilly; 2, top of St. James's-street; 3, opposite St. James's Palace; 4, Waterloo-place; 5, Trafalgar-square; 6, Horse Guards; 7, corner of Parliament-street; 8, 9, Birdcage-walk; 10, corner of Buckingham-Palace-road. Where available, the shelters in the middle of the roads were utilised as ambulance stations, and their position was notified by means of a white flag with a red cross. The object of these arrangements was the rendering assistance to any sick or injured members of the troops, Volunteers, or general public. Happily no serious accident occurred, but in eight or nine cases the detachments were enabled to render immediate aid to civilians who were suffering from epilepsy and faintness: in some instances temporary help was sufficient; in others the patients were conveyed home by the bearers. A cleverly prepared map, giving the line of route, position of the different ambulance stations, and nearest hospitals, was provided by Lieutenant Maclure, and supplied to each detachment. The experiment, hastily yet efficiently carried out, was eminently satisfactory, and on this occasion proved a greater boon to the public than to the troops and Volunteers. Such an organisation is at all times necessary when immense bodies of people are collected in the streets, and the presence and ready assistance of these trained bearers on Saturday last proved a great comfort to the few who did suffer, whilst in the event of alarming accidents, only too likely to happen on any similar occasion, their aid would be invaluable. The medical arrangements and command of the entire ambulance force engaged throughout the day were divided between Surgeon-Major Harvey Hill and Surgeon Platt; whilst the bearers were composed of men from the Tower Hamlets Rifle Brigade, 18th Middlesex R.V., London Scottish, and other metropolitan corps. The whole of the executive details were ably carried out by Lieutenant Maclure, the Hon. Secretary.

PROFESSOR BELL ON THE DETECTION OF METALLIC MASSES IN THE HUMAN BODY.

AT a recent meeting of the American Association for the Advancement of Science, Professor Graham Bell delivered an address on the electrical experiments to determine the location of the bullet in the body of the late President Garfield, and described a completely successful form of induction balance for the detection of metallic masses in the human body. The lecturer recalled the experiments of last year on the wounded President. The results obtained were that the telephone gave a peculiar spluttering sound, which, on the induction balance being passed over the person of the patient, suddenly increased in loudness when it rested on a particular spot. The apparatus was sensitive to the presence of a leaden bullet five inches from it. An area of sound was thus marked out, and the experimenters concluded that the bullet was within it, but subsequent examination proved this to be incorrect. In fact, the area of sound was produced by a steel spring mattress under the President's bed, which had been overlooked by the attendant physicians. The apparatus has been subsequently improved by embedding the two movable coils in paraffin, and adjusting them to silence by a micrometer screw. With this instrument a successful experiment has been performed on the person of Colonel Clayton, who for several years has suffered from the presence of an Enfield bullet, the position of which could not previously be determined; and now, according to Professor Bell, the exact position of a bullet in any part of the human body can be accurately told. A fresh step in the progress of the surgery of gunshot wounds would seem, by the use of this instrument, to be indicated.

ENTERIC FEVER AND LEMONADE.

DURING the ten weeks ending September 23rd last a sudden and considerable epidemic of enteric fever affected the urban, and portions of the rural, districts of Evesham. The total number of attacks in the former district were forty-eight, and in the latter district twenty-one; and as many as fifty-one households were invaded in all. The epidemic has been reported on by Mr. G. H. Fosbroke, medical officer of health for the combined area in which Evesham is situated, and the report, like many of those which have preceded it, affords proof of the care and ability which Mr. Fosbroke devotes to his duties as health officer. By far the largest incidence of the disease was upon the fortnight ending August 8th, during which period forty-six patients were attacked in the two districts; or, in other words, 62·5 per cent. of the urban cases, and 76·1 per cent. of the rural cases, fell ill during that period. At first sight the patients appeared to have nothing in common which could account for the disease. The houses in which they lived were in many instances several miles apart, the sanitary circumstances of the dwellings varied widely, sewers and water-supply were entirely different, and the milk-supply was derived from several independent sources. It was, however, elicited that one and all of the patients attacked before August 8th, whether residing in the town or in the country, had attended Evesham regatta, and that they had all been present in one special meadow. The circumstances of this meadow had to be very carefully considered, because it was the locality in which two sewer ventilators were placed, and near which were sewage settling tanks. But for reasons given, these conditions could not be identified with the epidemic, and a fresh cause had to be sought. It was then ascertained that of the forty-six persons upon whom the "regatta influence'

could have operated thirty-two had certainly, and eleven had most probably, taken water in the form of lemonade, or to a less extent in the form of ices, or again, as an admixture with spirits, at a certain refreshment stall; and even as regards the three remaining patients it could not be said positively that they had not partaken of one or other of the articles in question. The water, which had certainly been used for some, and which had probably been resorted to in the case of all, of the refreshments, was procured from a well which was situated near the meadow, and which was found to be so seriously contaminated that it was at once closed under a magisterial order. As confirmatory of the view that the refreshments and the disease were related to each other as cause and effect, Mr. Foskroke cites some interesting details. Thus, a party of three persons repaired to the meadow in question on the regatta day; two of them partook of lemonade and subsequently developed unmistakable symptoms of enteric fever; the third took no such refreshment and altogether escaped. The only point in Mr. Fosbroke's reasoning which appears to be at all inconclusive is the circumstance that in order to associate some of the attacks with the polluted water used in the preparation of the refreshments on the regatta day, it becomes necessary to admit a longer period of incubation than is usually met with in the case of enteric fever. Still, twenty-seven cases were recognised within nineteen days of the date of the regatta, and though some appeared to be developed after an even longer interval, yet it is quite possible that this may have been due rather to a difficulty in determining the exact nature of the early symptoms, than to the existence of a prolonged incubation-period. In enteric fever that period does somewhat vary, but we think the cases in which it exceeds fourteen days form quite the exception. Such instances, however, as Mr. Fosbroke cites must be taken into consideration in determining the question.

COMMUNICATION IN RAILWAY TRAINS.

MUCH has already been written regarding the causes of the recent sad fatality on the Midland Railway, but, looking to the future, importance is now attached chiefly to the best means which can be devised for the rapid stoppage of a train travelling at a high rate of speed. While the evidence would indicate that Mr. Arthur, on account of previous nervous shock, was in the habit of taking some narcotic, and was at the time of the accident under the influence of such, it is clear that whether sufficient calmness and determination to save the suspected victim was or was not shown at the first stoppage of the train, had the train been rapidly brought to a stand the chances of escape or of rescue would have been immensely increased. Besides the particular accident of fire there are many occurrences which may take place within a railway carriage demanding the immediate application of the brake, and even though the present absurd rule that a driver or guard must make himself sure of the necessity of stoppage before applying the power should be rescinded, any method which would place the command of the train in the hands of the passengers affected would be welcomed as a certain means of saving life, and of establishing confidence in the railway system where the method was adopted. By a peculiar coincidence such a method appears to have been successfully tried on the Caledonian Railway a few days after the Midland catastrophe. An escape-valve is placed on the Westinghouse brake, connexion attached to each carriage, a cord communicating with this valve is carried to each separate compartment, and placed within easy reach of the passenger. By pulling this handle the air escapes from the valve, and, even in spite of the driver, the train is brought to a stand very quickly, a loud whistling is maintained, and a disc appears to indicate the compartment where the action originated. Ample precaution is taken that no malicious interference with the apparatus can take place without detection, and if such is attempted smart punishment may be inflicted. The recent trials under the direction of Mr. Drummond, the inventor of the method, were highly successful, a train travelling at thirty miles an hour being brought to a standstill in twenty seconds, even with the steam full on. If such results can be obtained we may hope soon to see the last of the cord system, and if railway directors do not willingly adopt some such method they may be coerced into doing so.

SIR STAFFORD NORTHCOTE AND MR. CHILDERS.

WE regret to learn that Sir Stafford Northcote and Mr. Childers have both broken down in health, and have been ordered abroad for change and complete rest, and we are not surprised at it. The work which devolved upon the former as leader of his party during the last session of Parliament, the late hours which were the rule of the House, the very short interval of relaxation, and the renewed work and worry of an autumn session would be sufficient to use up the physical strength of even a younger man. Mr. Childers has had even a more trying ordeal to go through, having his office work in addition to his Parliamentary duties, and that office work, intensified by the serious responsibilities involved in the preparation for and carrying out of the Egyptian campaign, with the concomitant worry of questions in the House. It is only a matter of surprise to us that these two distinguished statesmen have been able to hold out so long, and we most sincerely hope that the rest now enforced upon them may prove successful in restoring them to us in renewed health and strength.

THE BOARDING-OUT SYSTEM v. PAUPER SCHOOLS.

WE are glad to find that a memorial, signed by a large number of members of Parliament, has been sent to the President of the Local Government Board, praying for an inquiry into the relative value of the two systems of pauper education—viz., that in schools and that in families. It is contended that vast schools are like barracks, where "pauper children" must, perforce of circumstances, be treated as a noun of multitude, with entire disregard to their individual needs and capabilities; and, as a necessary consequence, the best result is not obtained. This is a very important matter. There are doubtless great difficulties in the way of the boarding-out system. It is hard to find suitable families, particularly near cities and towns, and exceedingly perplexing to devise and work a sufficiently protective supervision. Nevertheless, the advantages of the family system are so superior to those of the school system that we earnestly hope it may before long be extensively adopted. The memorial now presented should greatly aid the progress of this most desirable reform.

MEDICAL DEPARTMENT, GENERAL POST OFFICE.

WE hear on trustworthy authority that the Postmaster-General contemplates a very grave departure as regards the Medical Department under his care. We are informed that one of the appointments rendered vacant in consequence of the death of Dr. Waller Lewis will not be filled by a medical *man*. The Postmaster-General has decided to give it to a lady. There are two medical appointments attached to the General Post Office, the one held by the late Dr. Waller Lewis, and the other at present held by Mr. George Steet in the Telegraph Branch. In this latter department the fair sex is especially represented amongst the *employées*; and it is for this reason, as we are informed, that, on Mr. Steet's elevation to the chief

medical officership, one of our fair rivals in the healing art is to take medical charge of the telegraph staff. We forbear to comment on the practical absurdity of directing a female medical inspector to inquire into and report upon the minutiæ of every ailment which may temporarily incapacitate the rougher sex from a performance of their duties in the Telegraphic Department of Her Majesty's General Post-office. The Premier has, we understand, reserved to himself a power of supervision over the high appointments in the several departments of his government, and we hope it may not be too late for the exercise of his practical sagacity in this important matter.

DEATH OF PROFESSOR PIRRIE.

IT is our painful duty to record the death of Emeritus-Professor Pirrie of Aberdeen, which took place at his residence in Union-street there, on Tuesday last. As is known to our readers, he had but recently resigned a connexion with the University of Aberdeen lasting over half a century. Professor Pirrie had a sharp attack of peri-hepatitis in April, from which he slowly recovered. By midsummer he was able to visit his patients. In the beginning of October an attack of acute inflammation of the prostate came on, ending in abscess. At first matters looked fairly well; but after two or three weeks the symptoms changed, the pus becoming fetid and symptoms of septicæmia developing. He then gradually sank. We hope in our next issue to give a sketch of the life and work of the deceased professor.

TENT HOSPITALS AT NEW YORK.

THE experiment which the New York State Board of Health is trying with tent hospitals is one which might be imitated upon this side of the Atlantic. These tents are divided into four compartments, and separated by a space of twenty feet. Upon one side is the sick-room, and upon the other the convalescent-room; a third compartment serves as a kitchen, still-room, and refectory, and the fourth as a disinfecting-room and a mortuary. Nothing which is calculated to increase the comfort of the patients has been lost sight of, and not an inch of ground has been wasted. Thus the sick-room is arranged to receive from six to nine persons; it is fourteen feet, and has 9420 cubic feet of air, but it can be increased in width without the least difficulty, so that each additional ten feet of room gives 2080 square feet, thus allowing of the admission of two or three additional patients. The beds are parted off by screens of thick muslin drawn tight upon a wooden frame.

SIR THOMAS WATSON, BART.

GRADUALLY increasing weakness is the only change to report in Sir Thomas Watson's condition during the past week. He still retains consciousness, and was much pleased to receive a kind message from a distant medical friend.

ROYAL COLLEGE OF PHYSICIANS.

THE Gulstonian Lectures for 1883 will be delivered by Dr. J. M. Duncan, the Croonian by Dr. J. E. Pollock, and the Lumleian by Dr. A. B. Garrod. These lectures will appear in THE LANCET, from the MSS. of the authors.

NAPPER TESTIMONIAL FUND.

A MEETING of the subscribers to this fund was held on Wednesday afternoon, J. Eric Erichsen, Esq., F.R.S., in the chair. It was resolved to close the fund; and a sub-committee was appointed, with full power to decide the form the testimonial should take, and to make arrangements for the presentation at an early date.

THE Health Ordinance recently passed by the City Council of Baltimore, Maryland, U.S.A., appears to excite great dissatisfaction amongst the medical profession in that city. The clause against which the loudest complaints are made is that which imposes upon the medical attendant the compulsory and gratuitous notification of a case of infectious disease he may be called to treat. The *Maryland Medical Journal* criticises the measure with considerable force, using pretty much the same arguments as those employed in England in opposition to the proposal.

AT the last meeting of the Metropolitan Asylums District Board, a report was presented by the General Purposes Committee upon the transfer of patients by ambulances from their homes to the infectious hospitals, and Sir R. H. Currie moved that the committees of the Deptford and Fulham hospitals be requested to submit plans and estimates for establishing ambulance stations at those hospitals. After some discussion the report was altered so as to include the whole of the hospitals where an ambulance station had not been provided, and was agreed to in its amended form.

HAYNES GIBBES ALLEYNE, M.D., L.R.C.S. Edin., one of the oldest medical practitioners in New South Wales, passed away on September 10th. He was President of the Medical Board, Sydney, member of the Board of Examiners of the University, and had in the course of his long and active life occupied various posts of medical distinction.

THE hospital at Cairo, which was formerly the dwelling-house of Arabi, and is now in full work under the auspices of Lady Strangford, has been favourably reported on to the Medical Board of Cairo by Dr. Grant Bey. The staff of nurses and other attendants, working under the direction of Dr. H. Sieveking, number over twenty.

THE Lord Lieutenant of Ireland has made the following appointments to his household:—Physicians in Ordinary: G. W. Hatchell and Thomas Nedley. Surgeons in Ordinary: Philip Crampton Smyly and Edward Dillon Mapother. Dentist: D. Corbett.

HER MAJESTY has signified her intention of conferring the honour of Knighthood on Mr. Oscar Clayton, F.R.C.S., Extra Surgeon in Ordinary to the Prince of Wales, and Surgeon in Ordinary to the Duke of Edinburgh.

Pharmacology and Therapeutics.

PILOCARPINE AND CATARACT.

THE value of pilocarpine and jaborandi in the treatment of affections of the eye has been investigated by Dr. Landesberg. He states that in certain diseases they are useful, but he has met with some facts which suggest that their use may cause cataract. In four cases of detachment of the retina and one of serous choroiditis, in which the crystalline lens was perfectly transparent up to the commencement of the treatment, it afterwards rapidly became opaque. He also treated a horse for irido-choroiditis and large opacities of the vitreous, giving infusions of jaborandi leaves, and injecting pilocarpine beneath the skin. The morbid process was rapidly arrested, and the vitreous body became entirely transparent; but during the fourth week of treatment the crystalline lens was observed to become opaque. It is, of course, possible that the development of the cataract and the preceding treatment were simply coincident by chance, but the facts are at least suspicious.

PILOCARPINE IN ATAXY.

The attacks of severe pain in ataxy frequently resist all ordinary sedatives. Dr. Oscar Jennings, of Paris, has recorded a case in which great relief followed the hypodermic injection of pilocarpine. Morphia had been used without effect, and an energetic employment of the thermo-cautery was also useless. An emetic produced temporary relief, but the pain returned next day, with constipation, vomiting, and retention of urine. Ether spray, bags of warm water, and sinapisms to the spine and abdominal walls gave only transient relief; but an injection of pilocarpine cut short the attack at once as soon as the diaphoresis was established, and no further attack occurred.

CAFFEINE IN HEART DISEASE.

Caffeine has been largely employed as a diuretic, but it has been little used for its action on the heart. Lépine asserts that it is capable of producing the same effects as digitalis, over which, in some cases, it has decided advantages. It is, however, necessary to employ it in large doses, from sixty centigrammes to two grammes per day. The effect is more rapid than that of digitalis; in less than twenty-four hours the pulse will fall from 160 to 100 or 80 per minute; and the force of the heart's contractions is increased in just the same way as with digitalis. Caffeine is, however, better borne, and seems to be eliminated more rapidly than digitalis. Among its inconveniences, however, are the occasional production of insomnia, and a nervous condition which renders it necessary to suspend it. M. Lépine has never given it for more than ten days. Another objection is its very high price. A Paris physician, M. Huchard, has also praised it highly in the same cases, and in similar doses, especially for its diuretic effect. Coffee is, it may be noted, an old remedy. Zwinger recommended it in 1725 for dropsy, and Honoré in 1846 for albuminuria.

ADONIS VERNALIS.

The Adonis vernalis has been used in some forms of heart disease, and its constituents have been recently studied by Dr. Cervello, who has obtained from it only one active substance, a glucoside, which he has named "adonidin." Only a small quantity was obtained from two kilogrammes of the plant. The substance is extremely energetic, and seems to be contained in small proportion. It is non-nitrogenous, colourless, odourless, amorphous, and extremely bitter, soluble in alcohol, but only slightly soluble in ether and water. It is precipitated by tannic acid, the precipitate redissolving in much water. It is insoluble in cold dilute hydrochloric acid, but on being heated it splits up into sugar and a substance insoluble in ether. Adonis vernalis is said to have an action similar to digitalis, but not to be cumulative in its action, so that it can be safely given for a considerable time without danger. The action of adonidin seems to be identical with that of digitalin. Cervello's researches have been published in the *Archiv f. Exp. Path. u. Pharmakologie.*

NAPHTHALIN IN SCABIES.

Naphthalin was first employed in scabies by Kaposi, its value being suggested by the use which furriers make of it as an insecticide. It has been further used in the treatment of sixty cases of this disease by Fürbringer, who reports that it is most successful. It is employed in a 10 or 20 per cent. solution in oil. In one case it caused a slight and very transient albuminuria. Although the parasitic affection was quickly cured, naphthalin seems to have no influence on the secondary eruptions, which, in some cases of irritable skin seem to be augmented by it. In other skin diseases, especially those in which large surfaces are exposed, naphthalin is to be avoided. Fürbringer treated a case of psoriasis with a daily application of five to ten grammes of the above solution without benefit to the skin eruption, and with the result of causing a nephritic albuminuria. Neither in chronic eczema, nor in tinea tonsurans, did it do good.

WARM WATER IN JAUNDICE.

Mosler has employed with success the injection of a large quantity of warm water into the large intestine in catarrhal jaundice. The experiments of Röhrig have shown that such injections have the effect of increasing, for a considerable time, the secretion of bile; and Peiper showed that the bile was thus rendered more diffluent. While the amount of water in the bile was increased, that of solid matter was lessened. About six hours after the injection, the solids rise above the normal, and the water falls below it.

PLANTAIN AS A STYPTIC.

An old styptic, mentioned by Shakespeare and recommended by various writers, from Pliny to Culpepper, plantain has been almost entirely overlooked by modern writers on therapeutics. Professor Quinlan, of Dublin, found it in use as a popular remedy in a remote district in Ireland, and has tried it extensively with the best results in cases of external hæmorrhage suited to the use of styptics. In cases of internal bleeding from the lungs, the kidneys, the bowels, and in menorrhagia he has got fair results from large and repeated doses of the juice, either fresh or fortified with alchohol or glycerine. At the recent meeting of the British Pharmaceutical Conference, at which these results were mentioned, he exhibited a number of specimens—(1) dried leaves, (2) a mixture of powdered leaves and glycerine, (3) the juice with sufficient alcohol to prevent it from spoiling, (4) the juice mixed with glycerine, and (5) a green extract. With the last he has not yet obtained satisfactory results. The powdered leaves alone, or mixed with glycerine, may be employed, the latter being intended to imitate the popular preparation, which is made by chewing the leaves. Chemically it does not contain tannin, and is compatible with salts of iron, alkaloids, other metallic salts, and preparations of ergot. Observations on the vessels in the tail of gold fish show that the application does not influence the circulation in the larger vessels, but great retardation occurs in the capillaries.

SALTS OF MANGANESE.

The action of certain little-studied salts of manganese, that compound with molybdenic and tungstic acids, has been investigated by Mertl and Luchsinger (*Centralblatt für die Med. Wissenschaften*, No. 38). The same symptoms were produced in various animals experimented on. In all a depression of all the functions of the nervous system was produced. Somnolence was succeeded by diminution in reflex action, lessened respiratory movements, and lowered blood pressure. As the paralysis increases the heart beats with increasing frequency and force. With these phenomena there is a gradual fall in temperature and in the production of heat. In warm-blooded animals there is also considerable irritation of the intestinal tract, apparently connected with the elimination of the salts. Diarrhœa even follows their hypodermic injection, and vomiting occurs early in those animals which are disposed to it; and when the poisons are injected under the skin, even the first vomit shows traces of their presence.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Port of London.—According to the annual report of Dr. Collingridge, medical officer of health for the Port of London, the inspection of shipping is maintained with considerable stringency. It is, however, urged that in order to effectually protect the metropolis from the importation of infectious disease by the Thames route, there should be means of detaining vessels at the entrance of the port until any patients affected have been removed to hospital. Special arrangements do already exist as to this, with respect to cholera, plague, and yellow fever; but they are also needed as regards other infectious diseases, and the port authority is in communication with the Board of Trade with a view of securing an alteration of the law in this respect. At present when ordinary infectious diseases are found to prevail on a ship, no power of detention exists, the vessel is allowed to pass up the river, and the cases are only removed after arrival in dock. Quarantine, as such, no longer exists in this country; it is replaced by a system of medical inspection and of isolation, and, according to Dr. Collingridge, the quarantine laws need no longer be retained in the statute book were it not for the public disadvantage at which this country would be placed in its dealings with other nations in case we had nothing which we could call quarantine. The action taken by the port authority in connexion with the polluted state of the Thames is fully entered into, and it is pointed out that whilst minor sources of sewage pollution

are every year being dealt with, the liquid filth being diverted from the river, the principal source of pollution derived from the great metropolitan outfalls continues steadily to increase. The port authority has for a long time been taking active steps to free the river from this sewage pollution, and to its activity we have, doubtless, in the main to attribute the appointment of the Royal Commission now sitting on the subject. Scurvy, it is curious to learn, is steadily on the increase amongst seamen, and this is attributed to the fact that owners have come to place so much reliance upon the antiscorbutic effects of lime-juice as to have sanctioned the exclusion of several important and essential articles of food from the diet of their sailors. Dealing with the question of emigration, Dr. Collingridge refers to the enormous flow of people who early in the year passed through London on their way to America, and to the absolute necessity for some proper arrangements for their medical inspection on arrival in the port. This subject is, amongst others relating to the health aspect of emigration, now under investigation by Dr. Blaxall, R.N., one of the medical inspectors of the Local Government Board.

York (Urban).—The medical officer of health for the City of York (Mr. S. W. North), has issued a report upon the health and sanitary condition of this urban sanitary district during the third or summer quarter of this year, which deserves the serious attention of its sanitary authority. The estimated population of this city in the middle of this year was 50,127. The birth-rate last quarter was somewhat below the average, while the death-rate was high, and equal to 22·6 per 1000, exceeding by 3·7, or nearly a fifth, the mean rate in the "fifty other large town districts" dealt with in the Registrar General's quarterly return. The zymotic death-rate in York was equal to 6·9 per 1000, against 3·6 in the fifty towns before mentioned; this high rate of zymotic fatality was mainly due to the very high mortality from diarrhœa, which caused 61 deaths during the three months, against 130 and 32 in the corresponding periods of 1880 and 1881. Summer diarrhœa appears to be exceptionally fatal in York, and is the cause of terribly high rates of infant mortality. The report before us shows that in the quarter under notice the proportion of infant mortality, measured by the proportion of deaths under one year to births, was equal to 266 per 1000, whereas the mean rate in the Registrar General's fifty town districts did not exceed 167. Mr. North distinctly points out the various forms of filth accumulation and consequent contamination which are the constant source of ill-health and low sanitary condition, and pertinently remarks that "children are peculiarly susceptible to the evil influence of foul and polluted air." He calls particular attention to foul privies and ashpits, in close proximity to dwelling-houses, through which the contents of such ashpits have to be taken when emptied, to ill-constructed house-drains and unventilated sewers as among the most fertile sources of filth contamination, and adds, "I regret that most, if not all, these causes exist over the greater part of the city." Mention is made of an outbreak of typhoid fever resulting in fifteen or sixteen cases, which is a serious warning in a city, the sanitary condition of which is not more satisfactory than that of York appears to be. The growth of the city and the sanitary welfare both of the city and its suburbs seem to demand the extension of the boundaries of the city in order to place the whole under one sanitary authority. The medical officer of health fully endorses the desirability of the proposal, and says, "I know no argument, sanitary, social, or economic, to the contrary." In the meantime, however, the York Town Council has its hands full in order to redeem their present responsibilities as regards the health of the city.

Madeley.—Dr. Thursfield reports an outbreak of diphtheria at Troubridge, in the Madeley urban district. So far as he could learn only seven houses had been affected, but the attacks were attended by an exceptional fatality, five cases having been fatal. The cause of the disease remains unexplained, but Dr. Thursfield considers the history of the outbreak as supporting the view that dampness of site has a distinct influence, if not on the causation, at least on the spread and severity of diphtheria. The houses affected were principally dwellings so built into the sides of sloping hills that they were necessarily wet, and the existence of other houses higher up made it unsafe to remove the earth with a view of securing a dry area in each case. Similar conditions have before been observed in connexion with diphtheria in Wales and other hilly and mountainous districts.

Lincoln.—Dr. Harrison has issued his report on the recent outbreak of small-pox in the city of Lincoln. The first case occurred in April, and the patient was removed to the workhouse. The hospital belonging to the city was opened on May 6th, but it had almost at once to be enlarged so as to accommodate sixteen patients, and it continued, together with the workhouse hospital, to receive patients up to August 30th. In all, fifty patients were thus isolated, and twenty-one cases were treated elsewhere than in hospital. The result in some respects is highly satisfactory; thus, out of twenty-eight vaccinated persons treated in the city hospital not one died; whereas the death-rate among the unvaccinated reached 50 per cent. In other respects the history of the case cannot be regarded with the same satisfaction. Thus, in the first place, the disease lasted some four months before it could be eradicated; and, secondly, Lincoln has had to make hospital provision in an emergency; and when hospital buildings are erected under such circumstances, they rarely, as has been so convincingly proved in the official report on the "Use and Influence of Hospitals for Infectious Disease," answer the permanent requirements of the district. People suffering from small-pox can, it is true, be got into such buildings; but small-pox is not the infectious disease mostly needing isolation in this country; and where buildings are erected under the influence of panic, they, with but few exceptions, suffice for the proper isolation of scarlet or enteric fever. This, perhaps, is already recognised at Lincoln, for we read in the report, not that the building is to be maintained in readiness for the immediate reception of any cases of infectious disease which may arise in the city, but that when the small-pox had subsided "the hospital was closed."

Belfast.—During the four weeks ending the 21st ult., the births registered amounted to 536, and the deaths to 401, or at the rate of 25 per 1000. Of these latter 108 were due to lung disease, and two cases of small-pox proved fatal. The mortality from measles, scarlet fever, and diarrhœa was above the average, but the deaths from fever were very few. A fresh outbreak of small-pox took place, but those attacked were removed to the hospital for contagious diseases, and the usual precautions taken to prevent the disease spreading.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5607 births and 3668 deaths were registered during the week ending the 18th inst. The annual death-rate in these towns, which had been equal to 21·3 and 21·7 per 1000 in the two preceding weeks, further rose last week to 22·6. The lowest death-rates in these towns last week were 13·9 in Birkenhead, 16·6 in Bristol, and 17·8 in Leicester. The rates in the other towns ranged upwards to 28·0 in Liverpool, 28·6 in Halifax, 29·9 in Manchester and Preston, and 30·7 in Sunderland. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 510, showing an increase of 42 upon the number in the previous week; 140 resulted from scarlet fever, 115 from measles, 82 from "fever" (principally enteric), 69 from diarrhœa, 65 from whooping-cough, 30 from diphtheria, and 9 from small-pox. The lowest death-rates from these zymotic diseases occurred in Derby, Bradford, and Huddersfield, and the highest in Newcastle-upon-Tyne and Sunderland. Scarlet fever caused the highest death-rates in Birmingham, Sheffield, Newcastle-upon-Tyne, and Liverpool; measles in Hull, Cardiff, and Sunderland; whooping-cough in Plymouth and Preston; and "fever" in Hull, Brighton, and Sunderland. No fewer than 21 of the 31 deaths from diphtheria in the twenty-eight towns occurred in London. Small-pox caused 4 deaths in London, and 5 in Newcastle-upon-Tyne. The number of small-pox patients in the metropolitan asylum hospitals, which had been 70 on each of the two preceding Saturdays, was 73 at the end of last week; 16 new cases of small-pox were admitted to these hospitals during the week, against 7 and 12 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 347 and 330 in the two preceding weeks, rose again to 345 last week, but were 111 below the corrected weekly average. The causes of 98, or 2·7 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Norwich,

Leicester, and Bolton. The proportions of uncertified deaths were largest in Salford, Blackburn, Halifax, and Hull.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which had been equal to 24·3 and 22·0 per 1000 in the two preceding weeks, rose to 25·8 in the week ending the 18th inst.; this rate exceeded by 3·2 that which prevailed last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had been 85 and 89 in the two previous weeks, further rose to 98 last week, and were equal to an annual rate of 4·2 per 1000, and 1·1 above the rate from the same diseases in the English towns. The fatal cases of whooping-cough were 26, and showed a marked increase upon recent weekly numbers, no fewer than 19 being recorded in Glasgow. The 24 deaths referred to diphtheria corresponded with the number in the previous week, and included 9 in Glasgow, 5 in Leith, and 3 each in Edinburgh, Dundee, and Greenock. The deaths from scarlet fever, which had been 13 and 5 in the two previous weeks, rose to 16 last week, of which 7 occurred in Glasgow, 4 in Edinburgh, 3 in Paisley, and 2 in Leith. Diarrhœa fatality showed a further decline from that recorded in recent weeks. The 8 deaths referred to "fever," included 2 in Glasgow, 2 in Dundee, and 2 in Perth. Three of the 7 fatal cases of measles occurred in Glasgow and 2 in Dundee. The deaths referred to acute diseases of the lungs in the eight towns, which had been 135 and 130 in the two preceding weeks, rose to 172 last week, and exceeded by 50 the number in the corresponding week of last year. The causes of 117, or 19 per cent., of the deaths registered in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 20·4 and 27·7 per 1000 in the two preceding weeks, was equal to 26·1 in the week ending the 18th inst. During the first seven weeks of the current quarter the death-rate in the city averaged 23·4 per 1000, against 20·0 in London and 18·7 in Edinburgh. The 174 deaths in Dublin last week showed a decline of 11 from the number returned in the previous week. The deaths from the principal zymotic diseases, which had been 14 in each of the two previous weeks, declined to 11 last week, including 3 from "fever," 3 from whooping-cough, 3 from diarrhœa, and 2 from diphtheria. The death-rate from these zymotic diseases was equal to 1·6 per 1000, while the rate from the same diseases last week was 3·3 in London and 2·7 in Edinburgh. The deaths referred to "fever," which had been 5, 7, and 8 in the three preceding weeks, declined to 3 last week. The 3 fatal cases of whooping-cough, however, showed an increase, and the 2 deaths from diphtheria exceeded the number in any week since the end of September. The deaths of infants showed a decline, whereas those of elderly persons were more numerous than in any week since the end of March last.

Correspondence.

"Audi alteram partem."

"THE DISCOVERY OF TRICHINA SPIRALIS."

To the Editor of THE LANCET.

SIR,—Professor Owen is decidedly in error; but doubtless he is just as unconsciously so as he is guiltless of any wish to deprive his eminent friend, Sir James Paget, of the credit which legitimately associates itself with the fact of the discovery of Trichina spiralis. Professor Owen was not the discoverer of this parasite. In the pages of THE LANCET and in the columns of *The Times* for 1866 this question of priority was exhaustively discussed—Sir James Paget himself, Dr. Wilks, and several other members of the staff of Guy's and St. Bartholomew's respectively taking part in the discussion. If Professor Owen will peruse Sir James Paget's most instructive letter (THE LANCET, March 10th, 1866, p. 269), he will see that the "find" was made on February 2nd, 1835, and that the Bartholomew's student then "ascertained that nearly every cyst contained a small worm coiled up." What follows in that letter is even more to the point. "I was invited," says Sir James Paget, "as the discoverer of the entozoon, to communicate the facts respecting it to the Abernethian Society, and I did so on February 6th, the chair being occupied by Dr. Arthur Farre." If this statement be not a sufficient justification of my record in Dr. Quain's Dictionary, I invite Professor Owen further to read the "extract" quoted in the letter (published in THE LANCET of the same date) by "two former Presidents of the Abernethian Society." That important document closes with the significant remark that "the discovery and description of the trichina were communicated to the Abernethian Society eighteen days before Professor Owen's paper was read at the Zoological Society."

Here the matter might well rest but that the claims of others as to priority demand a passing word. I refer more especially to those of Hilton; for as to the merits of Kleucke (1829), of Peacock (1828), and of Tiedemann (1821), it would be a waste of time to reconsider them. Speaking generally, the Germans have not treated this question with their usual acumen. By far the best accounts of the history of the discovery of trichina are those of Louckart and Pagenstecher; that of the latter *savant* being the more complete of the two. Professor Pagenstecher declares for Hilton. He admits that "Hilton first saw the capsules, but not the trichinæ," and yet with some inconsistency, I think, previously and emphatically exclaims: "Es darf also wohl unbedingt Hilton als der Entdecker der Trichinen gelten" ("Die Trichinen," 1865, s. 7)! But Pagenstecher is right, if the standpoint of the trichina-capsule "find" (as determining the question of priority) is to be held of primary import. I dissent from that view, and I am glad to see that my efforts, made through the medium of various publications during the past eighteen years, have not been altogether fruitless. Thus, Assistant-Surgeon Glazier in his admirable Report published by order of the United States Congress, says: "Sir James Paget was the first to see the parasite coiled up in its capsule." In making that statement, however, Mr. Glazier very properly acknowledges the prior claims of Hilton and of Peacock in reference to the discovery of the "specks" which are now universally admitted to have been calcified trichina-capsules.

I regret that Professor Owen should have thought it necessary to re-open this question, which I have elsewhere treated of and at much greater length than it was possible for me to do in Dr. Quain's Dictionary. Permit me to add that I shall esteem myself fortunate, indeed, if the fifty other brief articles contributed by me to that comprehensive work shall be found to stand the test of criticism equally well with that one upon which Professor Owen has been pleased to bestow some comment.

I am, Sir, yours truly,

London, Nov. 19th, 1882. T. SPENCER COBBOLD, M.D.

"THE CONTAGIOUS DISEASES ACTS."

To the Editor of THE LANCET.

SIR,—My experience with regard to the moral effect of the above Act during the six years that I assisted in its administration at Woolwich, is quite at variance with that of Dr. Truman of Nottingham, as published in your issue of last week. During the earlier months of its operation it was the custom for most of the women to present themselves for examination in a filthy, disorderly, and most shameless condition of mind and body; but after repeated and gentle appeals to their better natures all this was soon greatly ameliorated and the duties of my office were, in consequence, performed with much less violence to my own feelings and to theirs. I know, also, of many instances in which the young wives of soldiers, who had married without the consent of their colonels and were consequently often left behind in a destitute state whenever their husbands were ordered away to a distance inaccessible to them, have been rescued from an immoral life solely through the interposition of the Act in question. In the face of such facts, I trust that the profession will accept the observations of Dr.

Truman with reserve, and not allow the practical aspect of the question to be obscured by the moral one.

I am, Sir, yours faithfully,

J. BERESFORD RYLEY, M.D.

Finsbury-square, November 21st, 1882.

To the Editor of THE LANCET.

SIR,—In your valuable journal of Nov. 11th, I was much pleased with the report of the "First Five Years' Work at the Liverpool Seamen's Dispensary for Venereal Disease," and venture to suggest a few remarks for the benefit of our mercantile sailors, many of whom go to sea suffering from either gonorrhœa, chancre, or syphilis.

It seems a pity that sailors of the mercantile marine cannot be placed under a Contagious Disease Act, and prevented from signing articles when suffering from any one of the three diseases mentioned above; and it is surprising that the Board of Trade, or the directors of large companies, or the owners or captains of vessels have not taken the matter up, and compelled every man before signing articles to be examined.

As an old ship-surgeon, I can confidently say that I do not believe there is one of our ships leaves England for a foreign port without there are five or six of the crew suffering from the disease; and when surgeon on board one of the steamers of one of the largest companies leaving England, I had three saloon stewards suffering from bubo and chancre under my care; but they were not allowed to be on the sick list, as they "could not be spared."

I feel certain that there are many ship-surgeons who will support my statements; and I can only suggest that the Board of Trade ought to make it a standing rule for the crew of every ship before signing articles to be examined by a medical man.

I am, Sir, yours faithfully,

London, Nov. 1882. EDWARD A. BURGESS.

ON HOLIDAY-MAKING.

To the Editor of THE LANCET.

SIR,—All occupations, however varied they may be, require to be alternated fairly with rest and recreation. It is a great mistake to suppose that most and best work can be done when these aids are omitted. No occupation that calls forth special mental and physical work should fill more than one-third of the daily life. In our profession, with its constant cares, this is impossible, unless we can get quite away from our field of action, and even then many of us are so accustomed to constant application that we could not enjoy a holiday of idleness. It may be said without fear of contradiction that no work is more exhausting than that of medical men, and none more imperatively needs to be interrupted. I am pleased to say that my patients were unanimous in hoping I should be able to get away as well as themselves. In return for this consideration I resolved to endeavour so to employ my holiday that it might prove beneficial to all parties. I first visited Aix-la-Chapelle, or Aachen, with its neighbourhood Burtscheid, almost identical in their waters except in their heat. This is the chief sulphur bath of Germany. I stayed at the Grand Monarch Hotel. The proprietor, Mr. Dremel, is also the proprietor of the Emperor Bath Establishment. On learning that I was travelling in order to gain a practical knowledge of the waters and baths, he generously put his private carriage at my disposal while I remained, and with his servant as guide (after seeing all there was to be seen from a medical point of view) I "did" Aix and its neighbourhood most satisfactorily and cheaply. It is not my intention to give now a description of the baths I visited, or of the character of the mineral waters, but simply to state what I did comfortably in a three weeks' holiday. At each place I followed the old Bath rules—

> "Arise betimes; to pump repair—
> First take the water, then the air;
> Most moderate be in meat and drink,
> And rarely, very rarely, think!"

From Aix I went to Homburg, justly called the queen of continental spas. Here, in addition to the usual routine, I had a mud bath, a poultice all over. From Homburg to Wiesbaden, with its numerous baths—most of the large hotels have a regular suite of baths, so that it is unnecessary to leave your hotel. I stayed at the Rose Hotel, well situated, close to the drinking springs. Here I enjoyed an electric bath. From Wiesbaden to Kreuznach, where I saw a new house, lately erected, called the Inhalatorium. The salt water is constantly trickling down all round the house, the sides of which are constructed of open woodwork of thorn branches. The air is certainly saturated with the salines, but it gives one the impression of being as likely to cause as to cure disease. At Kreuznach, on the way to the salt works, I visited the Victoria Convalescent Hospital for children. The building is well constructed on sanitary principles. At Munster Am Stein I witnessed the process of making common salt from spring water. From Kreuznach I again crossed the Rhine to Ems, the pearl of baths. It was a treat to get into clear water once more, the unstained marble and pale green water recalling to mind some pleasant bathing not so far from home. After visiting my friend, Professor Trendlenberg, at Bonn, and seeing his hospitals (feeling refreshed, but not invigorated, by the amount of washing both outside and inside which I had undergone of late), I passed from Brussels, Antwerp, Rotterdam, Amsterdam, the Hague, to Scheveningen, the gay and fashionable Dutch watering-place, the clear and bracing air of which gave the finishing touch to a most pleasant and profitable outing.

My object in writing this sketch is to make the following facts more generally known: that at these German health resorts, while there is a tax on all visitors who remain over five days, medical men, and in most places their families, are exempt, and free to the gardens, the baths, the concerts, the use of the reading-rooms, and all those luxuries which tend to make life at these resorts so extremely enjoyable. The resident physicians are most anxious to assist in every way, by giving all the information in their power, explaining the various kinds of baths, the inhalation apparatus, condensed air chambers, &c. When visiting these English colonies it is advisable to take a plentiful supply of visiting-cards—let them only tell your profession,—otherwise you may be harassed with questions, or to pass your opinion on the various dishes, the action and qualities of the wines, the diet and treatment prescribed by the physicians, and so on.

I conclude this hasty sketch with many thanks for the kindness and attention received from my professional brethren, the proprietors of the baths, and the officials generally; and with the hope that the few hints thrown out may assist some of my fellow workers in deciding how to plan their own holidays, while not losing sight of the interests of their patients. In the words of one often quoted by balneologists: "The knowledge of such baths is especially worthy of the physician, for in it are comprehended not only the whole of medicine, but also the principles of all the natural sciences with which a physician should be acquainted."

I am, Sir, yours obediently,

W. SINCLAIR THOMSON M.D.

Ladbroke-grove, W., Oct. 1882.

"SCURVY."

To the Editor of THE LANCET.

SIR,—The veteran Professor of Hygiene in Paris, Bouchardat, has the following at page 329 of his *Annuaire* for 1881: (I give an exact translation.) "Salted meats differ from fresh not only because they are saturated with sodium chlorides, but also because this last has substituted itself in the place of the chloride &c. of potassium, more soluble than it (the sodium), which is eliminated and is found in the brine, as also the creatine and the creatinine, and certain other saline principles of meat." The presence or absence of lactic acid salts (which, like citrates, tartrates, &c., all form carbonates in the body, so that the acidity is only temporary) he does not seem to consider of much importance, but thinks Dr. Garrod's doctrine is well-nigh proved. At page 330 of the *Annuaire* is the graphic sentence: "Le potassium est le métal des végétaux," so that it is no wonder that persons living on salted or even preserved (?) meats should benefit by anything containing largely a potassium salt—viz., fresh meat or fresh vegetables, fruit, wine, &c. But there was plenty of potassium in our mutton rations in the Crimea, and in bread and biscuit. I would at this stage draw attention to a fallacy, which seems to vitiate much of our Indian experience of scurvy. We set down as fresh vegetable eaters all the dried grain eating tribes, who

on active service often can get no fresh vegetables at all, and who actually, as I found on the Afghan frontier, often refuse a ration of dates, the antiscorbutic *par excellence* of the Arabian, Afghan, and all other desert tribes. The Abyssinians use honey in the same way. In India, amongst the grain eaters, as long as a certain amount of green vegetables (bajee) or fruit is procurable, and thus supplies potassium, &c., scurvy is unknown amongst many millions of vegetarians. It is only in the arid parts lying about Sind and the Punjaub, &c., where green vegetables are so scarce, that it is ever seen. Certainly fresh vegetables contain enormous quantities of vegetable acids and potassium; but when we come to compare meat and grain, wheat, &c., we find that they have both about the same amount of mineral ash—viz., 1·6 per cent. One would conclude, therefore, that it is the very presence of lactic acid, as Parkes suggested, that makes meat a better diet than biscuits for scurvy. Does walrus meat develop excess of lactic, and retain it after cooking? If not, we must then suppose that it was the ration of preserved vegetables which helped the crew of the *Eira* (for, whether the muscle of meat, as Dr. Ralfe points out, be alkaline at first and acid afterwards through lactic acid, Parkes teaches that this acid simply goes to form alkaline carbonates in the body.) Besides, it has never been proved that the blood is acid in scurvy; in fact it never is. But it has been proved that a timely administration of almost any vegetable acid, almost citric, malic (lactic?), in combination with potash, is a perfect prophylactic against scurvy. Let not the Admiralty forget this, nor the labours of Lind, Van Swieten, &c.

I am, Sir, yours truly,

CAMERON MACDOWALL,
Deesa, Sept. 4th, 1882. Brigade Surgeon, Bombay Army.

To the Editor of THE LANCET.

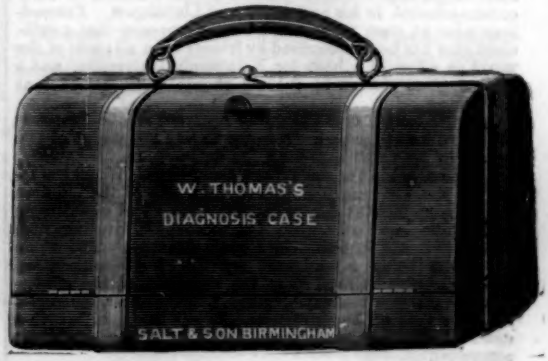
SIR,—In a foot-note to page 496 of his "Manual of Practical Hygiene," fifth edition, (London, Churchill, 1878), Parkes says:—"For a good deal of evidence up to 1848, I beg to refer to a review I contributed on scurvy in the *British and Foreign Medico-Chirurgical Review* in that year. The evidence since this period has added, I believe, little to our knowledge, except to show that the preservation and curative powers of fresh meat in large quantities, and especially raw meat (Kane's Arctic Expedition), will not only prevent, but will cure scurvy. Kane found the raw meat of the walrus a certain cure. For the most recent evidence and much valuable information, see the Report of the Admiralty Committee on the Scurvy which occurred in the Arctic Expedition of 1875–76 (Blue Book, 1877)." I think that the last sentence in the above is not Parkes' own, but that it must have been added by the editor in order to bring it up to the date of the issue of the current edition. The experience since then of the Arctic Expedition in the *Eira* coincides with these. I refer to that portion of the report where the author tells us that "our food consisted chiefly of bear and walrus meat, mixing some of the bear's blood with the soup when possible." And again: "I do not think that spirits or lime-juice is much use as an antiscorbutic, for if you live on the flesh of the country, even, I believe, without vegetables, you will run very little risk of scurvy. There was not a sign of scurvy amongst us, not even an anæmic face." (LANCET, Aug. 26th.) So that, as far as this question of fresh meat and raw meat and their prophylactic and curative properties are concerned, ample evidence will be found in other published literature to corroborate that of the *Eira*. But when you take up the question of the particular change which takes place in meat from its fresh to its stale condition, you will find a great deal of diversity and little harmony of opinion. Without taking up other authors on the subject, we stick to Parkes and compare his with Dr. Ralfe's views on this point. Parkes thought "fresh, and especially raw meat, is also useful, and this is conjectured to be from its amount of lactic acid; but this is uncertain,"[1] while on the other hand Dr. Ralfe repeats, as a probable explanation, too, of the reason of fresh meat being an antiscorbutic, that it is due to the absence of lactic acid. For, from well-known chemical facts he deduces the following:—"In hot climates meat has to be eaten so freshly killed that no time is allowed for the development of the lactic acid; in arctic regions the freezing arrests its formation. The muscle plasma, therefore, remains alkaline. In Europe the meat is invariably hung, lactic acid is developed freely, and the muscle plasma is consequently acid. If, therefore, scurvy is, as I have endeavoured to show ("Inquiry into the General Pathology of Scurvy"), due to diminished alkalinity of the blood, it can be easily understood that meat may be antiscorbutic when fresh killed, or frozen immediately after killing, but scorbutic when these alkaline salts have been converted into acid ones by lactic acid decomposition."[2] The view of the alkalinity of the blood coincides with Dr. Garrod's theory, which latter, however, appears to have as a *sine quâ non* the absence of a particular salt—namely, potash. I am inclined to think that, taking into account the nervous symptoms which are not infrequently associated with a certain proportion of scorbutic cases, resulting probably from the changes taking place in the blood, not unlike those which occur in gout and rheumatism, there must be some material change produced in the sympathetic system. In many of the individuals tainted with scurvy there were slight and severe attacks of passing jaundice in the cases which occurred in Afghanistan. Can we possibly trace this icteric condition to this cause? This is but a conjecture so far. But there certainly is in Garrod's observations an important point which, if applicable to all countries, climates, and conditions of life, is sufficiently weighty to indicate the necessity for farther research in that direction, and that point is this: the scorbutic condition disappeared on the patient being given a few grains of potash, though kept strictly on precisely the same diet which produced scurvy.—I am, Sir, yours truly,

Ahmedabad, India, 30th Sept., 1882. JOHN C. LUCAS.

DIAGNOSIS CASE.

To the Editor of THE LANCET.

SIR,—Having for some time wished to have various mechanical aids to diagnosis in a portable form and small compass, I instructed Messrs. Salt and Son of Birmingham, the surgical instrument manufacturers of this town, to make a diagnosis case. I am glad to say they have completed their task most ably and satisfactorily, and have produced a useful, light case containing nearly everything required for diagnostic purposes. The following is a list of the instruments, &c., included:—Sims' uterine speculum, Ferguson's nested specula, bivalve rectum speculum, nested ear specula, nasal speculum, Laycock's spatula ear syringe, urinometer and trial glass, three vulcanite cases, containing caustic



potash, nitric acid, and cupric test, hermetically sealed; cyrtometer, spring measuring tape, stethoscope, ophthalmoscope, exploring trocar, Simpson's sound, male and female catheter combined, exploring sound, Thompson's sound and searcher, and clinical thermometer.

The case consists of two halves, and when close forms a kind of reticule case; it is hinged, so that a receptacle is left for the stowage of any addition the fancy of the individual practitioner may think desirable. The various instruments are securely fixed each in position; and the engraving gives a fair illustration of the case when closed.

[1] Op. cit., p. 493.

[2] THE LANCET, Sept. 2nd, p. 371.

I consider the case worthy of the reputation of the firm by whom it is manufactured.

Believing that many of my brethren would be glad to know of such a useful adjunct, I have thought proper to ask for a little of your valuable space for this notice.

I am, Sir, yours truly,

Birmingham, Nov. 1882. WM. THOMAS.

SCOTTISH NOTES.

(From our own Correspondent.)

PROFESSOR BAIN, of Aberdeen, delivered his address, as Lord Rector of that University, last week, and met such a reception from the students as is rare even under similar circumstances. The Professor and the other members of the University, who accompanied him to the platform, were received in such a disorderly manner, and the interruptions were so long continued, that the Lord Rector, the choice of the students themselves, was unable to continue his address, and ultimately handed it to the reporters. From such an eminent educationalist, and at a time when many changes are looked for in the near future of the Scottish universities, a more than ordinary treat was expected; but it will be generally allowed that the historical account of the rise and progress of these institutions was of less interest than would have been a full exposition of the views held by Dr. Bain regarding necessary changes. Certainly it is known that the Rector would give increased choice of avenue to the arts degree, and would favour a considerable introduction of science subjects; but this, which is perhaps the most pressing reform, received slight, though favourable, notice at his hands. With his concluding words, calling for a taste of the logic of freedom in the various curricula, most people will agree.

Opposition is springing up with regard to the proposed City Improvements Bill for Aberdeen, which it is not unlikely a large proportion of the profession will endorse. It appears that the effects of the Bill would be largely to increase the amenity of the city, and to give new means of communication with its various parts, while it is not so clearly shown that the number of rookeries, now the haunts of disease and death, to be demolished will be at all in proportion to the money spent. The large expenditure under the Bill would indefinitely postpone the demolition of such places as were recently condemned by the Medical Officer of Health.

In May last it was determined by the friends of the late Sir Wyville Thomson, Professor of Natural History at Edinburgh, that his distinguished services should be fully commemorated in his native town of Linlithgow. Proceedings were at once taken, and it now appears that a sufficient sum has been subscribed by friends from all parts of the world to allow of a bust for Edinburgh University, and a stained glass window in the old church of St. Michael at Linlithgow.

An unfortunate event has just occurred at the Institute for Imbeciles at Larbert. A nurse having the charge of two boys, having undressed them for the purpose of bathing, left them alone in the room for a short time. When she returned, she was horrified to find that, one of the children having gone into the empty bath, the other had unwittingly turned the hot water upon his companion, causing such extensive scalds that the child has since died. The whole matter is being investigated by the legal authorities. Whatever may be said as to the propriety of the change recently made in this establishment, in the substitution of a lay for a medical superintendent, it will be admitted that cases of this kind can only be adequately met by a resident attendant.

An epidemic of typhoid fever, showing much intensity and persistence, still exists in Brechin. Judging from the Sanitary Inspector's report as to the condition of the town, such an outbreak might well have been expected; and it is scarcely creditable that after the present lengthened experience of the fever such nuisances as are detailed should be allowed by the authorities.

The important and rapidly increasing town of Dumbarton finds it necessary to very largely extend its water supply. Complaints of scarcity have long been made in this town, but the matter seems now to be energetically taken in hand. Tranent is asking similar powers; and Wick has obtained an entirely new supply.

A special meeting of the Perth Water Commissioners has been held for the purpose of considering the reply of Mr. Trotter, L.R.C.P.Ed., to a recent communication of the town clerk, calling upon him to retract and apologise for statements made by him in a recent lecture. Mr. Trotter, in his reply, re-affirms that certain animals have been found in the water supply of the town both before and since his lecture; states that his sole desire is to impress upon the authorities the importance of removing the present wide-spread suspicion as to the purity of the water; points to the impossibility of detecting typhoid or other fever-germs by any known chemical test; and repeats his statement that until the sewage of the town ceases to be discharged in the immediate neighbourhood of the filter-bed each recurring epidemic will renew the suspicion regarding the purity of the water. He apologises for asserting that the authorities had carefully filtered the water before sending it for analysis, though he was informed that such was the case, and repeated the statement in good faith. After considerable discussion the Commissioners agreed to proceed no further in their threatened action for libel. It is believed that the recent withdrawal by the Brighton authorities of their proposed prosecution of THE LANCET had some effect in inducing the Commission to adopt this course.

It may be well to remind Scottish graduates who have changed their address since November last, or whose present address is not properly described in the Register, that Thursday the 30th inst. is the last day on which the Registrar can receive notice of such change for the present year. Gentlemen whose names are not found in the Register on November 30th properly described, will lose the right of voting for a member of Parliament should an election take place within a year from that date.

[In last week's Notes (second line), "magnificent" should have read *inaugural*.]

IRELAND.

(From our own Correspondent.)

A CLUB for medical students in Dublin is in process of formation, and it is probable that in a short time the necessary arrangements will be completed for so desirable an undertaking. Mr. Barton, of the Adelaide Hospital, has, I understand, consented to act as president of the club.

The insanitary conditions under which the Crown witnesses exist while residing in Dublin were last week brought under the notice of the Drumcondra Town Commissioners by a report of their sanitary officers. In one of these houses, which contains five small rooms and a kitchen, twenty people were lodged; and in one room, eighteen feet by nine, there were found seven people, for whose accommodation there were but two beds. In another room six brothers and sisters slept together on two mattresses. The sanitary accommodation was of the scantiest, and it is surprising that the authorities allow such a state of things to exist. The commissioners have resolved to communicate with the Chief Secretary on the matter.

Last week the opening meeting of the University Biological Association for the session was held at Trinity College. The President of the Association, Mr. Bennett, delivered an address on the Physiology of Plastic Surgery. He referred more especially to the subject of restoration of noses, and exhibited a patient whom he had operated on four years previously. Dr. Macalister moved that the thanks of the Association be accorded to Mr. Bennett for his address, and, alluding to the subject of the discourse, said that the successful transplantation of tissue was an illustration of the independent life of tissue so removed. Every particle of organism which contained independent protoplasm was thereby independently alive, and, to adopt the grandiloquent language of modern science, man was a condition of aggregates of symbiusis.

The Board of Management of the Belfast Royal Hospital, on the recommendation of the medical staff, at the annual meeting held last week, have resolved to establish two new departments in that institution—viz., one for the treatment of diseases of women, and one for diseases of the eye and ear. There will be a dozen beds allotted for this purpose, but that class of disease will be mainly treated at the extern portion of the hospital. From the annual report it appears that the subscriptions last year amounted to

£1487, donations to £1346, and contributions from workpeople and young men to £430. The Board notice with satisfaction that there was an increase in the annual subscriptions, and especially in the subscriptions of the working classes.

Dublin Hospital Sunday was held in the majority of churches in the Dublin district on the 12th inst., and as the day was an unusually fine one, the various places of worship were well attended; and it is to be hoped that the collections this year will exceed those of the preceding. St. Matthias' Church has had the high honour of being foremost in the ranks of contributing churches; and the incumbent, in the morning sermon, touched on the topic, and trusted it would not lose the high and honourable position it had obtained. The collectors, at the close of his address, included the Presidents of the Colleges of Physicians and Surgeons, Dr. J. Magee Finny, Dr. Robinson, and Mr. Croly; and a sum of £275 was obtained between the two services, or an advance of some £90 over that of last year.

Dr. Banks has been elected President of the Academy of Medicine in Ireland, and will hold office for three years.

PARIS.

(From our own Correspondent.)

THE most contradictory reports have been in circulation concerning President Grévy's state of health, some of the newspapers going so far as to say that the malady he was suffering from was softening of the brain; and speculators have already been discussing as to who is to be his successor to the Presidentship. But the following, which I obtained from M. Sée, himself the President's medical attendant, is the true statement of the case:—On this day week the President had a rather severe attack of indigestion after a copious and late dinner the night previous, when he had also freely partaken of some partridge, which was rather tainted. When M. Sée was sent for at noon, the President was in the second stage of indigestion, which M. Sée termed "dyspepsie intestinale;" this was accompanied by diarhœa, nausea, and giddiness, and a sensation which the patient compared to that produced by seasickness. The next day M. Grévy was all right again, and he has since attended to his duties, and gone about without any further interruption, and has even since been out shooting.

It is in contemplation at the Institute to award to Monsieur J. B. Dumas a medal bearing his own effigy to commemorate the completion of his fiftieth year as member of the Institute, and for the eminent services rendered by the illustrious chemist to science and humanity.

A rather curious trial lately took place at Nimes, in which the defendant, who was a doctor of medicine, was charged with having illegally practised his profession. This would seem rather paradoxical, and requires some explanation. The defendant, notwithstanding his professional position, consented to become assistant to a well-known charlatan at Vaucluse. The latter professed to have a secret remedy for the cure of cancer, and for other maladies pronounced incurable by the medical faculty. The doctor was kept in the dark as to the composition of the remedy, but he, nevertheless, prescribed, or rather signed the quack's prescriptions, for which he was sued before the Court and fined 200 francs. This, however, did not deter him from continuing his association with the quack, and he was again brought before the Court for having, at different times, extorted large sums of money from a lady who was, conjointly with his partner, under his treatment for cancer of the breast, which they promised to cure without operation within a short time. The lady, finding herself getting worse, abandoned the quack and applied for admission to the hospital, where the surgeon declared that operation was impossible owing to the destruction of the skin by the application of some strong caustic. The judge, in summing up, explained that although the defendant was a doctor of medicine, he nevertheless practised his art in an illegal manner, as he prescribed remedies the composition of which he was entirely ignorant or which was kept secret, whereas the possession of his diploma gives him the right to practise the art of cure, but only with such remedies that he can answer for. The Court therefore concluded that the defendant was guilty of the illegal practice of medicine, but, as according to French law, this constitutes a simple misdemeanour and amenable to the police-court, he was fined only 15 francs, which, though small, the judge hoped would serve as a salutary lesson to him and future offenders.

Whatever may be said against the republican form of government, it cannot be denied that the French Republic has done, and is still doing, a great deal for the improvement of the condition of the working-classes, and particularly that of children and youths. For instance, a circular from the Minister of Public Instruction is being sent round to the different schools enjoining the masters not to overburden their young pupils with a multiplicity of subjects at the same time, as, far from such a practice being profitable to them, it would be rather prejudicial to their young minds, and would tend to disgust them with their studies. The circular also treats of the necessity of allowing the children more time for their meals than is now obtained, and more leisure for corporal exercises. The minister dwells upon the necessity of masters and teachers studying the constitution and natural aptitudes of their pupils, and of dividing the hours for study according to the average amount of intelligence of the boys of the same class, leaving them sufficient time for play and rest. And while the culture of the mind should be properly attended to, the physical development should not be neglected. Orders have been issued that gymnastics and athletic exercises should be introduced into every school and college.

The *Official Gazette* of last week contains decrees regulating the work of children and youths in the various manufactories. It is forbidden to employ children in the manufacture of salicylic acid, of celluloid, the various products of the nitrates and those of the chlorides of sulphur. Children under sixteen years and girls under eighteen are not to be employed as producers of motive force, connected with machinery of any kind. Boys and girls over twelve years may be allowed to draw any burden in the interior of manufactories and establishments on condition that the draught be performed on level ground, and that the load will not exceed 110 kilogrammes, including the vehicle. Boys only, from fourteen to sixteen, may be allowed to draw burdens on the public roads, on condition that they do not exceed 100 killogrammes, vehicle included. It is forbidden to employ children in any manufactory where dust or other pulverulent substances are produced in the manufacture of articles from dry horn, bones, and from mother-of-pearl. A former decree regulated the hours for work for children and youths.

Paris, Nov. 21st, 1882.

THE SERVICES.

BOMBAY MEDICAL ESTABLISHMENT.—Brigade Surgeon Lewis Stanhope Bruce, to be Deputy Surgeon-General. Surgeon-Major Cameron Joseph Francis McDowall, to be Brigade Surgeon.

BENGAL MEDICAL ESTABLISHMENT.—Surgeon-Major James Browne, M.D., to be Brigade Surgeon.

ADMIRALTY.—The following appointments have been made:—Deputy Inspector-General Francis W. Davis has been appointed to the Haslar Hospital, vice Wells; Staff Surgeon John N. Stone, to the *Duncan*, vice Thomson; Surgeon Malcolm V. Stace, to the *Duncan*, vice Hay.

MEDICAL TRIALS.

HIGH COURT OF JUSTICE, QUEEN'S BENCH DIVISION.—NOVEMBER 20TH.

BOOKER *v.* TAYLOR.

THIS was a case under the Public Health Act, sec. 124, with reference to the removal of a child having an infectious disorder to a hospital. The Act provides that if it shall appear on the certificate of a medical man that a child is labouring under such a disorder, and that the parents are in want of proper accommodation, a magistrate may make an order for the removal of the child to a hospital. In the present case, which arose at Coventry, there was such a certificate and such an order; but the mother of the child obstructed the removal, and was summoned for the offence.

At the hearing the magistrates entered into the validity of the order and declined to convict, and the question now arose whether they were justified in taking that course or ought to have convicted.

The court were clearly of opinion that the magistrates had no right to go behind the order, and enter into its validity, and were bound upon the evidence to convict if there had been an obstruction, and they sent the case back to the magistrates with that direction.

MEDICAL NOTES IN PARLIAMENT.

IN the House of Commons on Thursday, the 16th inst., on the motion of Mr. Gibson, a return was ordered of copy of the correspondence between Surgeon Wheeler and the Irish Government relating to Mr. Wheeler's attendance upon Mr. Shaen Carter.

On Friday, Mr. Trevelyan stated to Mr. Moore that the Irish Local Government Board had received no report, nor had they had any correspondence, with regard to the state of emigrants' lodging-houses in Londonderry.

Inspection of Boarded-out Children.

Mr. Dodson informed Lord George Hamilton and Mr. Bryce that it was no part of the duty of the Whitechapel Board of Guardians to provide means of periodical inspection of the homes of boarded-out pauper children, other than the usual inspection every six weeks by a member of the Boarding-out Committee. Beyond this, the homes were visited from time to time by an inspector of the Local Government Board. The Board adhered to its refusal to allow the Whitechapel Guardians to incur the expense involved in an additional system of inspection.

On Tuesday, Mr. Bryce moved for copy of the correspondence, which was presented; and Lord G. Hamilton gave notice that he will call attention to the subject early next session.

An Irish Lunacy Question.

On Monday, Mr. Trevelyan explained to Mr. Biggar the circumstances under which a lunatic named Robert Nelson was transferred from Belfast Asylum to the workhouse in 1879. It appeared that, his mania having assumed a harmless character, he was discharged from the asylum and admitted into the workhouse, and thereupon, by virtue of an existing practice, a dangerous lunatic was received from the workhouse into the asylum in exchange. Subsequently it transpired that there was a sum of money standing to Nelson's credit in the bank, and on the 14th of last month he was removed by his friends from the workhouse.

Supervision of Nomads.

On Tuesday, Mr. Dodson promised Mr. Burt to consider whether the law required amendment with the view of bringing temporary abodes, such as shows, tents, and vans, under the supervision of the sanitary authorities; and Mr. Mundella said he would consult with his right hon. friend as to the best means of securing the education of gipsy and other travelling children.

The Norwich Vaccination Inquiry.

On Wednesday, Mr. Hopwood gave notice of the following questions:—To ask the President of the Local Government Board, whether his attention has been drawn to the statement by the inspectors, in the inquiry into the case of eight children attacked with erysipelatous disease after vaccination at Norwich, as to four of the cases which terminated fatally: "We cannot divest our minds of the strong impression that the lymph used in vaccinating those children must have carried with it the elements of the disease which they subsequently developed"; whether the public vaccinator had been recommended for award from the Parliamentary grant; whether Dr. Buchanan, the medical officer of the Local Government Board, in his memorandum charges the same vaccinator with using dirty or improperly cleansed instruments in the processes of vaccination during the years 1876 to 1880, and later; and whether it is any excuse by law, in answer to fresh summonses to vaccinate, for the parents of any of the children so attacked to urge their fear of similar risk to the survivors, if not, whether he proposes by legislation to relieve such parents from the compulsion at present existing.

Sanitation in Dublin.

Mr. Sexton asked whether, at a meeting of the Drumcondra Town Commissioners, a report was read from the sanitary officer of the board, stating that he had recently visited a house in Dublin which was occupied by Crown witnesses; that, in this house of five small rooms and a kitchen, he had found twenty people lodged; that one room, 18 ft. by 9 ft., was used as a sleeping apartment for seven persons—a father, three sons, and three daughters; the eldest daughter nineteen years of age, the eldest son fourteen—and only two beds for the whole family; that, in another room, six brothers and sisters, the eldest boy thirteen, the eldest girl eleven, slept together on two mattresses on the floor; that the earthen floor of the house was damp and dirty, and the bedding filthy; whether the sub-sanitary officer of the board was refused admission to another house in Dublin, also used for accommodation of Crown witnesses, and whether this house had been inspected by a medical gentleman, who reported that he found thirty persons lodged there; that he saw in front of the house "a mound composed of used-up palliasses, over which are thrown the products of an adjoining pigstye, and a garnishing of potato peelings and decomposing cabbage stalks;" and that there was a total want of sewerage and drainage, and a gross defect in sanitary accommodation; and what steps would be taken to punish those who were responsible for such a state of things.—Mr. Trevelyan said he was aware that a report was received from the sanitary officer to the effect stated in the question. Dr. Nedley also reported that in his opinion the sanitary state of the houses was not so bad as was alleged. Dr. Riggs was the medical officer for the district, and was medical attendant at the houses in question, and he said no reasonable complaint could be made against the houses. Dr. Nedley visited them, and found the inhabitants comfortably clothed, and looking contented. Admission was refused to the inspector because the constable in charge was directed not to admit anyone without an order.

On Thursday, in reply to Dr. Cameron, the Lord Advocate admitted that the diversity in the sanitary and police regulations of Scotch local Acts of Parliament was very unsatisfactory, and expressed his intention to bring in a general Police Bill next session. Mr. M'Laren put a similar question in regard to English local Acts, to which Sir W. Harcourt replied that he thought the matter was covered by the standing order which was passed last August.

Obituary.

PROFESSOR GEORGE GULLIVER, F.R.S., F.R.C.S.

THE profession will regret to hear that this distinguished anatomist and physiologist expired on Friday, the 17th inst., at his residence, the Old Dover-road, Canterbury, in the seventy-eighth year of his age. Born on the 4th of June, 1804, at Banbury, Oxon, he received his preliminary education under the Rev. William Woolston, B.A., of Addesbury, near Banbury, on the completion of which he was apprenticed to Messrs. Jones and Wise, surgeons in Banbury. Before the completion of his term he published his Catalogue of Plants in the neighbourhood. At the termination of his apprenticeship he came to London, and entered at St. Bartholomew's Hospital, where he soon became an especial favourite with teachers and pupils. Abernethy made him his Prosector of Anatomy and Curator of the Museum, and he was dresser to Mr. (afterwards Sir) William Lawrence. He was admitted a member of the Royal College of Surgeons on June 2nd, 1826, and in the following May was gazetted Hospital Assistant to the Forces. In 1843 he was present at the fatal duel between Lieutenant-Colonel Fawcett and Lieutenant Monro, and, with the others concerned, was tried at the Old Bailey for the murder, but acquitted.

When the new charter was granted to the College of Surgeons, Mr. Gulliver was one of the first elected, an event which gave rise to severe but reasonable remonstrances from senior medical officers in the Army to the Director-General of the Army Medical Department, Sir James McGrigor, who, sympathising with the memorialists, addressed the Secretary of State on the subject. An explanation was asked of the Council of the College, who very properly replied that such members of the College as Mantell, Owen, Newport, and

Gulliver had been chosen for the Fellowship in recognition purely of scientific merits, and that the Council would be happy to add others for the same reason as soon as their claims should become known to and recognised by the Council as valid; to this reply there was no rejoinder, and the matter dropped. Gulliver had previously been elected a Fellow of the Royal Society. In 1852 he was elected a member of the Council of the College of Surgeons, in the affairs of which institution he ever took the greatest interest, especially in the museum and library, serving on both committees. In 1861 he was elected Hunterian Professor of Comparative Anatomy and Physiology. During the tenure of this office he gave courses of lectures on his favourite subjects, Blood, Lymph, and Chyle of Vertebrates, in which were related the results of his extensive researches on these subjects. In his lectures an interesting proof was given that a moderate quantity of beer might promote the formation of a chief product of digestion, the chyle, and that this fact would have to be met by those zealous and benevolent persons who insist on the uniformly pernicious effects of fermented liquors. The character of the main morphological element of the chyle, which he had discovered and figured many years before, and named the molecular base, as now universally accepted by physiologists, afforded the means of detecting and estimating the quantity of chyle that escaped through an accidental opening of the human skin. In 1863 he delivered the Hunterian Oration, expounded points of Hunter's merits which had previously been ignored concerning the vital endowments of the coagulable lymph, the aggregation of the red corpuscles as the proximate cause of buffy blood, and the fact that the modern protoplasm was but a synonym of the coagulable lymph. This oration gave dire offence to the friends of a living celebrity, to whom he indirectly alluded for his anonymous attacks on his devoted friend Professor Quekett.

The opinion so often expressed in THE LANCET as to the election of examiners at the College of Surgeons was shared by Gulliver, who when told by a warm friend on the Council there was no chance of his been elected a member of the Court of Examiners, not being a hospital surgeon, contemplated resigning his seat, but ultimately decided on giving the Fellows an opportunity of expressing their feelings on the subject. This they did by, as Gulliver expressed it, "Confirming the offensive monopoly." On ceasing to be a member of the Council he busied himself in his literary pursuits, with occasionally short angling excursions; but frequent attacks of gout, increasing in severity, confined him to his house, and, latterly, for some time to his bed. Notwithstanding the constant and unremitting attention of his friend and medical attendant, Dr. Gogarty, Physician to the Kent and Canterbury Hospital, whose attentions at the last were shared by Dr. George Gulliver, Physician to St. Thomas's Hospital, son of the deceased, shortly before his death, in a letter to the writer of this notice, he observed: "For years I could only write in bed (as I am now writing), and have been unable to consult libraries, otherwise I would have attempted a history of Anatomy in England from the time of Hewson to that of Quekett. I have the main facts in my head, but could not be sure of giving them due accuracy and chronological sequence in the absence of books." Professor Gulliver leaves a widow and an only son, Dr. George Gulliver, M.A. Oxon., who, inheriting his father's love of natural history, went out as naturalist with the Venus expedition.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 16th inst.:—

Barnes, Walter Stanley, L.S.A., Cavendish-road.
Cowen, Edward Ingpen, L.R.C.P. Lond., Dartford.
Donald, James, L.S.A., Kingston-on-Thames.
Dyson, Herbert Jekyl, College-street, Islington.
Harris, Howard, L.R.C.P. Edin., Guilsborough.
Hull, Walter, L.R.C.P. Lond., Swallow-place.
Larder, Herbert, L.S.A., Wimbledon.
Llewellyn, James Davies, L.S.A., Glyn Neath.
Maynard, Edward Charles, Richmond.
Mac Donogh, William Frederick, Clapham-park-road.
Mosse, Herbert Ryding, L.S.A., Sutton.
Puckett, A. W. Chalmers, L.S.A., Swansea.
Potter, John Hope, L.R.C.P. Edin., Sheffield.
Rodley, John, L.R.C.P. Edin., Todmorden.
Sharpin, Edward Colby, Bedford.
Underwood, John Charles, L.S.A., Hemel Hempstead.
Wigan, Charles Arthur, Portishead.
Wothington, Sidney, L.S.A., Enfield.

Of the 96 candidates examined during last week, 51 passed to the satisfaction of the Court and obtained their diplomas; 14 passed in Surgery, and when qualified in the other subjects will be admitted Members; the remaining 31 failed to reach the required standard, and were referred. Twenty-three candidates who passed in Surgery at previous examinations, having subsequently obtained a qualification in Medicine and Midwifery recognised by the College, were also admitted Members.

The following gentlemen passed the first part of the Professional Examination for the Fellowship of the College at meetings of the Board of Examiners on Monday and Tuesday last:—

Charles Ernest Richmond and William Thorburn, Owens College; Thomas Horrocks Openshaw and David Thomas, London Hospital; Frederick Newland Pedley, A. E. Taylor, H. G. Dixon, Thos. Hugh Miller, Francis Heatherley, Jas. T. J. Morrison, John J. D. Vernon, and R. A. Baillie, Guy's Hospital; Charles E. H. Cotes and E. M. Little, St. George's Hospital; Walter Scott Thomson and Jas. Reid Roberts, Middlesex Hospital; Frank Tratman and William Connor Lysaght, Bristol; George Albert Hamerton, St. Thomas's Hospital and King's College; Herbert Watson Pilgrim, Edinburgh and King's College; John Elliott, Manchester and St. Bartholomew's Hospital; Edgar A. Hughes, Bristol and King's College; Archibald Keightley, St. Bartholomew's Hospital; Jean Samuel Kaeser, Strasbourg, Bale, and St. Thomas's Hospital; Arthur Wm. Dawson, King's College.

Of the 36 candidates examined on the above-mentioned days, 11 failed to satisfy the Board, and were referred for six months' further anatomical and physiological study.

UNIVERSITY OF LONDON. — The following candidates have passed the recent M.B. Examination:—

FIRST DIVISION.

Adeney, Edwin Leonard, Guy's Hospital.
Back, Herbert Hatfield, St. Bartholomew's Hospital.
Batterham, John Williams, Westminster Hospital.
Buxton, Dudley Wilmot, University College.
Collingwood, David, University College.
Currie, Oswald James, Guy's Hospital.
Dakin, William Radford, Guy's Hospital.
Dingley, Edward Alfred, University College.
Fielden, William Eckett, Guy's Hospita'
Harris, Thomas, Owens College.
Honeyburne, Richard, Liverpool Roy. Infirm. and Univ. Coll.
King, David Alexander, St. Bartholomew's Hospital.
Maddison, William Thomas, King's College.
Parry, Robert, Guy's Hospital.
Pastour, William, University College.
Pratt, Reginald, University College.
Scharlieb, Mary Ann Dacomb, Madras Med. College and Royal Free Hospital.
Shaw, Lauriston Elgie, Guy's Hospital.
Vinrace, John Hinks, Queen's Coll. Birm. and Univ. Coll.
Webb, Malcolm, Owens College.
Wells, Alfred Ernest, St. Thomas's Hospital.
Wilkinson, William Camac, B.A. Sydney, University College.
Wooldridge, Leonard Charles, D.Sc., Guy's Hospital.

SECOND DIVISION.

Adams, William Coode, University College.
Bertram, Benjamin, St. Bartholomew's Hospital.
Bull, George Coulson Robins, St. Mary's Hospital.
Campbell, Harry, St. Bartholomew's Hospital.
Carter, Thomas Edward, St. Bartholomew's Hospital.
Ellison, John Clement, St. Bartholomew's Hospital.
Jewell, Charles Coleman, University College.
Kirsopp, Thomas, St. Bartholomew's Hospital.
Larmuth, Leopold, Owens College.
Murray, Hubert Montague, University College.
Norvill, Frederic Harvey, King's College.
Pike, Charles James, University College.
Robinson, Frederick, Leeds Infirmary and Medical School.
Roeckel, Waldemar Joseph, St. Bartholomew's Hospital.
Scarth, Isaac, Owens College and London Hospital.
Shove, Edith, London School of Medicine for Women.
Watkins, Christopher James, University College.
Wooiby, James Balls, King's College.

COLLEGE OF PHYSICIANS IN IRELAND. — At the November examinations the following obtained the Licences in Medicine and Midwifery of the College:—

MEDICINE.—James Tandy Bolger, John Clancy, Julia Cock, Robert Edmund Cooper, John Peter Garland, James Aloysius Morris, John Goodwin Shea.

MIDWIFERY.—Jas. T. Bolger, John Clancy, Julia Cock, Robt. Edmund Cooper, Vicars Henry Fisher, John Peter Garland, Jas. A. Morris, John Goodwin Shea.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 16th:—

Bean, William Henry, Mersea, Colchester.
Champ, John Howard, Chelmsford, Essex.
Harrison, Charles, Braintree, Essex.
Heathcote, Ralph George, Chatham-street, Manchester.
White, Ernest Alfred, Grenville-street, Russell-square.

The following gentlemen also on the same day passed the Primary Professional Examination :—

John William Harris, Guy's Hospital; Richd. Park Griffin, St. Mary's Hospital; Walter Mitchell Hardy, Charing-cross Hospital; James Jesse William Stevens, St. Bartholomew's Hospital.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — **In the list published last week of gentlemen who passed the First L.R.C.P. Lond., for George Jervis Rugg, read George Lewis Rugg.**

THE late Jerome G. Kidder, Esq., of Boston, U.S.A., bequeathed $50,000 to the Boston Lying-in Hospital, and $25,000 to the Massachusetts General Hospital.

MR. THOMASSON, M.P. for Bolton, has promised £2500 towards the maintenance of the new infirmary of the town when the building is ready for the reception of patients.

DR. CHARLES EDWARD BARNARD, of Gulgong, has been appointed a magistrate of the colony of New South Wales.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for efficient vaccination in their respective districts :—Dr. Newham of Winslow (seventh time); Dr. Alfred Hollis, Freshwater, Isle of Wight.

IT has been decided by the Paddington vestry to advertise for tenders for the new infirmary for the parish. The building is to be erected on the workhouse grounds, and is to accommodate 250 patients.

AT a meeting of the Sunderland Board of Guardians on the 16th inst. a recommendation of the Finance Committee was adopted that the salary of Dr. Ridley Dale, medical officer for Sunderland parish, be increased from £100 to £130.

DR. EDWARD EVANS, a young physician of Nicholasville, Kentucky, was shot dead by a lawyer in a dispute over a fee. The New York *Medical Record*, in which the event is reported, does not say whether the fee was the slayer's or that of the slain.

FLEET SURGEON ADAM, attached to the Royal Marine Artillery, Portsmouth, while on his way home on Monday night last, was attacked by two men. With the assistance of a gentleman who was passing at the time, Mr. Adam succeeded, however, in beating off his assailants. The outrage is supposed to have connexion with the fact of Mr. Adam having been a witness at a recent court martial.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BENNET, JAMES, M.B., C.M.Edin., has been appointed Assistant Medical Officer to the Leith Hospital.

CARMICHAEL, JAS., M.D., F.R.C.P., has been appointed Physician to the Edinburgh Royal Hospital for Sick Children.

CLATWORTHY, HERBERT, M.R.C.S., L.S.A.Lond., has been appointed Assistant Medical Officer to the Clapham and Wandsworth Infirmary.

CORNELIUS, W. P., L.D.S.R.C.S.Eng., has been appointed House-Surgeon to the Dental Hospital of London, vice Hern.

COWEN, PHILIP, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Shadwell-road Workhouse, St. Mary Islington Parish.

FOUNTAINE, DAVID OWEN, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer to the Rupert-road Branch of the Holloway and North Islington Dispensary, vice Haines, resigned.

GRANT, DR. FRANCIS WILLIAM, has been appointed Assistant to the Professor of the Institutes of Medicine in the University of Edinburgh.

HERN, WM., L.D.S.R.C.S.Eng., has been appointed Demonstrator of Cohesive and Contour Filling to the Dental Hospital of London.

HOPWOOD, EDGAR OSWALD, M.B.Oxon., has been appointed Resident Medical Officer to the London Fever Hospital, vice Smith, resigned.

HUTTON, ROBERT JAMES, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer to the Rupert-road Branch of the Holloway and North Islington Dispensary, vice Qualtough, resigned.

OPENSHAW, THOMAS H., M.R.C.S., L.S.A.Lond., has been appointed House-Physician at the London Hospital.

MAHER, W. OBILLO, M.D., M.R.C.S., has been appointed House-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

MILLS, JOSEPH, M.R.C.S., has been appointed Administrator of Anæsthetics to the Dental Hospital of London, vice Clover, deceased.

MORSENDOOD, EDWARD HENRY, M.B., C.M., has been appointed Resident Medical Officer to the York Dispensary, vice Kirsopp, resigned.

PEACOCK, ALBERT LOUIS, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the No. 1 District and the Workhouse of the Lincoln Union; also Medical Officer and Public Vaccinator for No. 3 District of the same Union, vice Goodall, resigned.

PEARCE, WILLIAM HENRY, M.R.C.S., L.S.A.Lond., has been appointed Assistant Medical Officer to the Poplar and Stepney Sick Asylum District, Bromley, vice Thornton, resigned.

REYNOLDS, HOWARD DAVID, L.R.C.P.Ed., M.R.C.S., has been reappointed Medical Officer of Health for the Pembroke Urban Sanitary District.

RUSSELL, A. W., M.B., C.M.Aber., has been appointed Senior House-Surgeon to the General Infirmary, Macclesfield, vice Elliott, resigned.

SMITH, P. ARTHUR, M.D. Q.U.I., L.R.C.S.Ed., has been appointed Medical Officer for the Bulmer District of the Malton Union.

SUTHERLAND, ROBERT T., M.B., C.M.Ed., has been appointed House-Surgeon to the Leith Hospital, vice C. W. Stewart, M.B., C.M.Glas., resigned.

WHITCOMBE, P. PERCIVAL, L.S.A.Lond., has been appointed Senior Resident Medical Officer to the London Lock Hospital, Westbourne-green, W., vice G. Houlton Bishop, M.R.C.S., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ADCOCK.—On the 13th inst., at Great Yarmouth, the wife of Brigade-Surgeon J. Adcock, Army Medical Department, of a son.

CABLE.—On the 19th inst., at Royal-hill, Greenwich, the wife of G. H. Cable, M.R.C.S., of a son.

HILL.—On the 17th inst., at Wimpole-street, Cavendish-square, the wife of Berkeley Hill, F.R.C.S., of a son.

KIDD.—On the 15th inst., at Montpelier-row, Blackheath, the wife of Walter Kidd, M.D., of a daughter.

LUCEY.—On the 15th inst., at Bush-hill-park, Enfield, the wife of Wm. Cubitt Lucey, M.D., C.M., of a son.

MAY.—On the 18th inst., at Moretonhampstead, South Devon, the wife of Albert E. May, L.R.C.P.Lond., of a daughter.

SPEED.—On the 18th ult., at Amersham-road, New Cross, the wife of Henry Andrews Speed, M.P.C.S.Eng., L.R.C.P.Ed., of a son.

TREWMAN.—On the 16th inst., at Tyntagel, Woolston, Hants, the residence of her mother, the wife of Surgeon George Turner Trewman, M.B., Army Medical Department, of a son.

MARRIAGES.

ADAMS—WILLIAMS.—On the 16th inst., at St. Mark's Church, Lyncombe, Bath, Henry Adams, M.R.C.P.E., of Greenwich, to Fanny Garrigues, granddaughter of the late Venerable Archdeacon Williams, D.D., of Jamaica.

BALLARD—PITT.—On the 7th inst., at Wellesbourne, Warwickshire, by the Rev. T. Hughes, assisted by the Rev. R. W. Pitt, Philip Ballard, M.R.C.S., L.R.C.P., of Smarden, Kent, to Emily Elizabeth, youngest daughter of Richard Pitt, M.R.C.S., L.S.A., of Wellesbourne.

DALY—BRENTON VON DONOP.—On the 16th inst., at St. Andrew's Church, Bath, Edward Owen Daly, M.A., M.B.Univ. Coll., Oxon., eldest son of Dr. Owen Daly, F.R.C.P., J.P. for E. Riding, Yorks, of Hull, to Alice Brenton, youngest daughter of Vice-Admiral E. P. Brenton von Donop, of Bath.

HARRISON—BATTY.—On the 31st ult., at St. Mary's Cathedral, Edinburgh, by the Very Rev. the Dean, assisted by the Rev. James Harrison, Rector of Barbon, Westmoreland, James Harrison, M.R.C.S.E., L.R.C.P.Edin., of Devonport, to Mary Louise, youngest daughter of Gilbert Batty, Esq., of Warrender-park-crescent, Edinburgh.

NASMYTH—DENNY.—On the 7th inst., at Woodlea, Dumbarton, Thomas Goodall Nasmyth, M.B., C.M.Ed., of Cowdenbeath, Fifeshire, to Violet Nicol, elder daughter of the late Archibald Denny, Shipbuilder, Dumbarton.

PICKUP—ALCOCK.—On the 7th inst., at St. Margaret's, Wolstanton, by the Rev. O. W. Steele, assisted by the Rev. W. E. V. Yonge, William J. Pickup, M.B.Lond., M.R.C.S., of Coventry, to Emily, youngest daughter of Joseph Alcock, Esq., J.P., of Port Hill, Stoke-on-Trent.

SCOTT—MONTGOMERY.—On the 7th inst., at the Wesleyan Chapel, Deal, by the Rev. G. Buteher, John Scott, M.D., L.F.P.S., of Sandwich, Kent, to Elizabeth Montgomery, of Irvinestown, Co. Fermanagh, Ireland.

DEATHS.

ALLCOCK.—On the 14th inst., at Smethwick, near Birmingham, Annesley Allcock, M.R.C.S., aged 60.

ARMITAGE.—On the 20th inst., at Mountpleasant-square, after a short illness, Marrianne Sarratt, the beloved wife of Robert C. Armitage.

CHALLINOR.—On the 9th September, at Brisbane, Henry Challinor, F.R.C.S.Eng., aged 68.

CRISP.—On the 15th inst., suddenly, Edwards Crisp, M.D., of 16, Beaufort-street, Chelsea, aged 76, deeply lamented.

DICKENSON.—On the 19th inst., at Mitcheldean, near Gloucester, the Rev. Edward Newton Dickenson, formerly Chaplain to her Majesty's Forces in India.

EDWARDS.—On the 19th inst., at his residence, Clonhaston, Enniscorthy, Thomas Edwards, Esq., 67.

EVANS.—On the 14th inst., at Bodeiniow, Llanfair, Montgomeryshire, of rapid consumption, William Watkin Evans, L.R.C.P., L.R.C.S., second son of Maurice Evans, Bronygarth, in his 34th year.—Friends will kindly accept this intimation.

EWEN.—On the 18th inst., at Park-place, Torquay, Arthur Benjamin Ewen, M.R.C.S., L.M., L.S.A.Lond., of Exmouth, Devon, and formerly of Long Sutton, Lincolnshire, aged 45.

GULLIVER.—On the 17th inst., at Canterbury, George Gulliver, F.R.S., formerly Hunterian Professor at the Royal College of Surgeons, and for many years Surgeon to the Royal Horse Guards.

PIRRIE.—On the 21st inst., at Union-street, Aberdeen, William Pirrie, M.D., LL.D., Emeritus Professor of Surgery in the University of Aberdeen and Surgeon in Scotland to His Royal Highness the Prince of Wales.

WAINWRIGHT.—On the 19th inst., at Howden-le-Wear, Charles Henry Wainwright, M.R.C.S.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

CONTRIBUTORS FOR 1883.

FIRST LIST.

THE following Physicians and Surgeons holding Honorary Hospital Appointments, Principal Medical Officers in the establishments of the Army and Navy, Medical Officers of Health, and leading General Practitioners throughout the country, have intimated their intention of contributing to the columns of THE LANCET during the year 1883.

ABBOTT, C. E., L.K.Q.C.P. Irel., M.R.C.S. Eng., Medical Officer of Health of Braintree Rural District.

ABBOTT, G., L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Central London Ophthalmic Hospital, and to the Tunbridge Wells Eye, Ear, and Throat Dispensary.

ADAMS, J., M.D. Aberd., M.R.C.S. Eng., Medical Officer for the Ilsington District of the Newton Abbot Union, Surgeon to the Ashburton and Buckfastleigh Cottage Hospital.

ADAMS, T. R., M.D. Brussels, L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Croydon General Hospital, Public Vaccinator for Croydon.

ALLARD, J. H., L.R.C.P. Edin., M.R.C.S. Eng., Surgeon to the Tewkesbury Dispensary.

ALLBUTT, H. A., M.R.C.P. Edin., Physician to the Leeds Dispensary for Diseases of the Skin.

ALLCHIN, W. H., M.B. Lond., M.R.C.S. Eng., Physician to the Westminster Hospital, Lecturer on Physiology to the Westminster Hospital Medical School.

ALLDEN, J. H., M.R.C.S. Eng., Medical Officer of Health for Shirley.

ALTHAUS, JULIUS, M.D. Berlin, M.R.C.P. Lond., Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's-park.

ANDERSON, A. R., M.R.C.S. Eng., Resident Surgeon at the General Hospital, Nottingham.

ANDERSON, McCALL, M.D. Glasg., Professor of Clinical Medicine at the University, and Physician to the Western Infirmary and Catan Wards, Glasgow.

ANDERSON, TEMPEST, M.D., M.R.C.S. Eng., Medical Officer to the York Eye Institution, Surgeon to the North-Eastern and Great Northern Railway Companies.

ANDERSON, WILLIAM, L.R.C.P. Lond., F.R.C.S. Eng. (Exam.), Assistant-Surgeon and Lecturer on Anatomy at St. Thomas's Hospital.

APPLEBE, E. A., L.R.C.P. Edin., Medical Officer of Health for the Hay Union District, Medical Officer for the Radnorshire District of the Hay Union.

APPLEYARD, J., M.B. Lond., F.R.C.S. Eng. (Exam.), Assistant-Surgeon to the Bradford Eye and Ear Infirmary.

ARCHER, R. S., A.B. Dub., L.M.K.Q.C.P. Irel., Physician to the Netherfield-road Fever Hospital, and to the Newsham Dispensary, Liverpool.

ARMSTRONG, J. C., M.R.C.S. Eng., Surgeon to the Gravesend and Milton Infirmary and Dispensary.

ASH, T. L., M.R.C.S. Eng., Medical Officer of Health to the Holsworthy and Okehampton Unions.

ASHMEAD, G., L.R.C.P. Ed., L.R.C.S. Ed., Lecturer on Natural Science under the Science and Art Department of the Committee of Council on Education, Surgeon to the Brierly-hill Police.

ATTHILL, LOMBE, M.D. Dub., F.K.Q.C.P. Irel., Master of the Rotunda Hospital, and Consulting Obstetric Physician to the Adelaide Hospital, Dublin.

BABER, E. CRESSWELL, M.B. Lond., Honorary Surgeon to the Brighton, Hove, and Sussex Throat and Ear Dispensary.

BADER, C., M.R.C.S. Eng., Ophthalmic Surgeon and Lecturer on Diseases of the Eye at Guy's Hospital.

BAKER, F. G., L.R.C.P. Edin., M.R.C.S. Eng., House-Surgeon to the Poplar Hospital for Accidents, East-India-road.

BAKER, W. MORRANT, F.R.C.S. Eng., Assistant-Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital, Senior Surgeon to the Evelina Hospital for Sick Children.

BANTOCK, G. GRANVILLE, M.D., F.R.C.S. Edin., Surgeon to the Samaritan Free Hospital.

BAMPTON, A. H., M.D. Q.U.I., Scholar in Anatomy, Physiology, and Histology at Westminster Hospital.

BARR, J., M.B. Glasg., L.R.C.S. Edin., Visiting Surgeon to H.M. Prison at Kirkdale, Physician to the Stanley Hospital.

BARROW, ALBERT B., M.B. Lond., F.R.C.S. Eng., Surgeon to the Westminster General Dispensary.

BARRS, A. G., M.B. Edin., M.R.C.S. Eng., House-Physician to the General Infirmary, Leeds.

BARTLEET, T. HIRON, M.B. Lond., F.R.C.S. Eng., Joint Professor of Physiology at Queen's College, and Honorary Surgeon to the General Hospital, Birmingham.

BARTON, J. KELLOCK, M.D. Dub., F.R.C.S.I., President of the Royal College of Surgeons of Ireland, Senior Surgeon to the Adelaide Hospital, Dublin.

BARTON, TRAVERS B., M.D. Dub., L.R.C.S. Irel., Surgeon to the County Donegal Infirmary.

BARWELL, R., F.R.C.S. Eng. (Exam.), Surgeon on Descriptive and Surgical Anatomy at Charing-cross Hospital.

BASTIAN, H. CHARLTON, M.D., F.R.C.P. Lond., M.R.C.S. Eng., Professor of Pathological Anatomy and Clinical Medicine at University College, Physician to University College Hospital.

BATES, TOM, L.R.C.P. Edin., M.R.C.S. Eng., Surgeon to the Worcester General Infirmary, Assistant-Surgeon to the Worcester Ophthalmic Hospital.

BAUMGARTNER, J. R., M.R.C.S. Eng., Surgeon to the Newcastle-on-Tyne Children's Hospital.

BECK, MARCUS, M.B. Lond., M.S., F.R.C.S. Eng. (Exam.), Assistant Surgeon to University College Hospital.

BELCHER, P., L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Burton-on-Trent Infirmary.

BELLAMY, E., F.R.C.S. Eng. (Exam.), Surgeon and Lecturer on Anatomy at Charing-cross Hospital.

BENNETT, J. MOORE, M.D. St. And., M.R.C.S. Eng., Consulting Surgeon to the Liverpool Dispensary, Surgeon to the Liverpool Surgical Home for Diseases of Women.

BENNETT, R., M.D. Edin., M.R.C.S. Eng., Senior Acting Physician to the Devonshire Hospital and Buxton Bath Charity, Coroner for High and Low Peak.

BENNETT, W. H., F.R.C.S. Eng., Assistant-Surgeon with charge of the Orthopædic Department and Lecturer on Histology and Practical Surgery at St. George's Hospital.

BENTHALL, A., M.R.C.P. Edin., M.R.C.S. Eng., Medical Superintendent of St. John's Hospital, Twickenham.

BENTON, S., L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the North-West London Hospital.

BERKHART, J. B., M.R.C.P. Lond., Assistant-Physician to the City of London Hospital for Diseases of the Chest.

BERNARD, ALFRED G. F., M.R.C.S. Eng. & L.S.A. Lond., Seaforth.

BERNARD, ARMAND, M.B., L.R.C.S. Edin., Surgeon to the Liverpool Seamen's Dispensary, Surgeon to the Royal Naval Artillery Volunteers, District Medical Officer of Health, Liverpool.

BERNAYS, ALBERT J., Demonstrator of Physiology and General Anatomy at St. Thomas's Hospital.

BERRY, W., L.R.C.P. Edin., M.R.C.S. Eng., Honorary Surgeon to the Royal Albert Edward Infirmary and Dispensary, Medical Attendant to the Convent Notre Dame at Wigan.

BISHOP, G. HOULTON, M.R.C.S. Eng., Senior Resident Medical Officer at the Female Lock Hospital, Surgeon to the Royal Naval Artillery Volunteers.

BLACK, D. C., M.D. Glas., L.R.C.S. Edin., Physician to the Glasgow Public Dispensary.

BLACK, G., M.B. Edin., Medical Officer of Health for the Keswick Union District.

BLACKBURN, J., M.R.C.S. Eng., Medical Officer of the First District of the Barnsley Union, Public Vaccinator for the Barnsley Borough.

BLAMEY, J., M.R.C.S. Eng., Medical Officer of Health for the Falmouth Rural and Penryn Urban Districts.

BLOMFIELD, A. G., M.B. Aberd., M.R.C.S. Eng., House-Surgeon to the Devon and Exeter Hospital.

BOOTH, J. M., M.A. Aberd., M.B., Physician to the Aberdeen General Dispensary.

BOWLES, R. L., M.D. Brus., M.R.C.P. Lond., M.R.C.S. Eng., Physician to the St. Andrew's Convalescent Hospital, Folkestone.

BOX, W. H., M.R.C.S. Eng., Lecklade, Gloucestershire.

BRAMWELL, BYROM, M.D., F.R.C.P. Edin., Lecturer on the Principles and Practice of Medicine at the Extra Academy School of Medicine, Edinburgh.

BRETT, A. T., M.D. St. And., M.R.C.S. Eng., Medical Officer of the Watford Union House and District, Medical Officer of Health of the Watford Union District.

BRISTOWE, J. S., M.D. Lond., Senior Physician and Joint Lecturer on Medicine at St. Thomas's Hospital, Medical Officer of Health for Camberwell, Physician to the Asylum for Female Orphans.

BROADHURST, B. E., F.R.C.S. Eng. (Exam.), Surgeon to the Royal Orthopædic Hospital, Consulting Surgeon to the Belgrave Hospital for Children.

BROOK, C., M.R.C.S. Eng., Surgeon to the County Hospital, and Consulting Surgeon to the Lunatic Hospital, Lincoln.

BROOKS, J. R., L.R.C.P. Edin., M.R.C.S. Eng., Surgeon to the Ludlow Dispensary.

BROWN, J., L.K.Q.C.P. Irel., Honorary Medical Officer of Bolingbroke.

BROWN, J. W., M.D., M.R.C.S. Eng., Surgeon to the Ophthalmic and Royal Hospitals, Belfast.

BROWNE, H. W. LANGLEY, L.R.C.P. Edin., M.R.C.S. Eng., Surgeon to the West Bromwich Hospital.

BUCHANAN, G., M.D. St. And., L.R.C.S. Edin., Professor of Clinical Surgery at the University of Glasgow, Surgeon to the Western Infirmary, Consulting Surgeon to the Glasgow Eye Infirmary.

BULL, W. H., L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Stony Stratford Cottage Hospital.

BUNTING, J., M.R.C.S. Eng., Surgeon to the Tottenham and Edmonton Dispensary.

BURCHELL, P. L., M.B. Lond., F.R.C.S. Eng. (Exam.), Surgeon-Accoucheur and Consulting Surgeon to the Out-Door Department of the City of London Hospital.

BURD, E., M.D. Cantab., M.R.C.S. Eng., Senior Physician to the Salop Infirmary, Consulting Physician to the Salop and Montgomery Lunatic Asylum and Salop County Gaol.

BURMAN, W. MAXWELL, L.R.C.P. Lond., M.R.C.S. Eng., Medical Officer of Health to the Wath Union District.

BUSH, R. H., M.D. Edin., Physician to the St. Pancras and Northern Dispensary.

BUTTERFIELD, HARRIS, M.R.C.S. Eng., Medical Officer of Health for Bradford.

BYERS, J. W., M.D., M.R.C.S. Eng., Physician to the Belfast Hospital for Children, and to the Ulster Institution for the Deaf, Dumb, and Blind.

CAMERON, C. A., M.K.Q.C.P. Irel., F.R.C.S. Irel., Professor of Chemistry and Hygiene, R.C.S. Irel., Medical Officer of Health for Dublin, Analyst for Dublin, Limerick, Galway, Kilkenny, and several Counties.

CANE, HOWARD, M.D. Brussels, L.R.C.P. Lond., M.R.C.S. Eng., Physician to the Dispensary, Belvedere, Kent.

CANN, F. M., M.R.C.S. Eng., Surgeon to Guy's Hospital, Medical Director of the Dawlish Cottage Hospital.

CANT, W. J., L.R.C.P. Lond., M.R.C.S. Eng., House-Surgeon to the County Hospital, Lincoln.

CARRINGTON, R. E., M.D. Lond., Examiner in Anatomy at the Royal College of Physicians, Senior Demonstrator of Anatomy at Guy's Hospital, Visiting Physician to the Seamen's Hospital, Greenwich.

CARTER, C. H., M.D., M.R.C.P. Lond., Physician to the Hospital for Women, Soho-square.

CARTER, R., M.D. Aberd., M.B., M.R.C.S. Eng., Surgeon to the Bath Mineral Water Hospital.

CARTER, W., M.D. Lond., M.R.C.S. Eng., Lecturer on Materia Medica at University College, Liverpool, Honorary Physician to the Liverpool Royal Southern Hospital.

CASSELLS, J. PATTERSON, M.D. St. And., M.R.C.S. Eng., Aural Surgeon and Lecturer on Aural Surgery at Glasgow Hospital and Dispensary for Diseases of the Ear.

CHAPMAN, F. R., M.B. Glasg., Surgeon to the Hull and Sculcoates Dispensary.

CHAPMAN, P. M., M.D., M.R.C.S. Eng., Physician to the St. Marylebone General Dispensary.

CHARNLEY, W., M.D., M.R.C.S. Eng., Assistant-Surgeon to the Central London Ophthalmic Hospital, Surgeon to the West London Ophthalmic Hospital.

CHAVASSE, T. F., M.D., F.R.C.S. Edin., Assistant-Surgeon to the Birmingham General Hospital.

CHESSHIRE, EDWIN, F.R.C.S. Eng., Senior Surgeon to the Birmingham and Midland Eye Hospital.

CLAREMONT, CLAUDE C., M.B., Medical Officer for Out-patients at the Royal Portsmouth, Portsea, and Gosport Hospital.

CLARK, ANDREW, F.R.C.S. Eng., Assistant-Surgeon at the Middlesex Hospital, and Lecturer on Practical Surgery at Middlesex Hospital Medical School.

CLARKE, J. ST. THOMAS, M.B. Lond., F.R.C.S. Eng. (Exam.), Honorary Surgeon to the Leicester General Infirmary, and Honorary Consulting Surgeon to the Leicester and Rutland Lunatic Asylum.

CLARKE, T., L.R.C.P. Edin., Medical Officer of Health to the Pewsey (Wilts) Rural District.

CLIBBORN, W., M.B. Dub., Honorary Surgeon to the Birmingham Lying-in Charity, and Surgeon to the Birmingham, &c., Provident Dispensaries.

COCKLE, J., M.D. Aberd., F.R.C.S. Eng. (Exam.), Senior Physician to the Royal Free Hospital, Physician to the Warehousemen and Clerks' School, Examining Physician to the Royal National Hospital for Consumption.

COGHILL, J. G. SINCLAIR, M.D., F.R.C.P. Edin., Visiting Physician at the Royal National Hospital for Consumption, Ventnor, Lecturer on General Pathology and Pathological Anatomy to the Edinburgh Medical School.

COLLINS, E. WOLFENDEN, M.D., F.R.C.S.I. (Exam.), L.K.Q.C.P. Irel., Surgeon to the Infirmary for Children and the Diseases of Women, Sydenham-park.

COLLENETTE, B., L.R.C.P. Edin., M.R.C.S. Eng., Physician to the Guernsey Hospital.

COLLIE, A., M.D. Aberd., Medical Superintendent of the *Atlas* Hospital Ship at Deptford, and the Homerton Fever Hospital.

COLLYNS, R. T. POOLE., M.R.C.S. Eng., Resident Medical Officer and Master of Atkinson Morley's Hospital, Wimbledon, Surrey.

CONSTABLE, J. J. C., M.D. St. And., L.R.C.S. Irel., Physician to the St. John and St. Elizabeth Hospital, Great Ormond-street, W.C.

COOK, JONATHAN N., M.R.C.S. Eng., Senior House-Surgeon at the Great Northern Hospital.

COOK, R. F., M.B. Durh., M.R.C.S. Eng., Medical Officer of the Western District and Workhouse, Gateshead Union.

COOKE, T., M.D., F.R.C.S. Eng. (Exam.), Senior Assistant-Surgeon to the Westminster Hospital, Surgeon to the Early Closing Association, Lecturer at the School of Anatomy, Physiology, and Surgery.

COOPER, ALFRED, F.R.C.S. Eng. (Exam.), F.R.C.S. Edin., Surgeon to the West London Lock, St. Mark's, and West End Hospitals.

COPPINGER, C., L.K.Q.C.P. Irel., F.R.C.S. Irel., Lecturer on Ophthalmology at the Catholic University School of Medicine, and Surgeon to the Mater Misericordiæ Hospital, Dublin.

CORY, R., M.D., M.R.C.S. Eng., Assistant Obstetric Physician to St. Thomas's Hospital, Joint Lecturer on Forensic Medicine at St. Thomas's Hospital Medical School, Director of the Animal Vaccine Establishment and Examiner and Teacher of Vaccine to the Local Government Board.

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SYMMONS, R. F., M.R.C.S. Eng., Senior Surgeon to the Essex and Colchester Hospital, Colchester.

SYMONDS, HORATIO P., F.R.C.S. Edin., Surgeon to the Radcliffe Infirmary, and Surgeon to Her Majesty's Prison, Oxford.

SYMPSON, T., L.R.C.P. Edin., F.R.C.S. Eng., Surgeon to the Lincoln County Hospital, General Dispensary, and Lunatic Hospital.

TAIT, LAWSON, F.R.C.S. Eng., Surgeon to the Birmingham and Midland Hospital for Women, Consulting Surgeon to the West Bromwich Hospital.

TAYLOR, C. BELL, M.D., F.R.C.S. Edin., Honorary Surgeon to the Nottingham and Midland Eye Infirmary.

TAYLOR, HAROLD G., M.B. Lond., M.R.C.S. Eng., Assistant Medical Officer to the Royal Albert Asylum, Lancaster.

TAYLOR, J. W., M.D. St. And., M.R.C.S. Eng., Medical Officer of Health of the Scarborough Union District, Surgeon to the Scarborough Dispensary.

TAYLOR, SEYMOUR, M.D. Aberd., M.R.C.S. Eng., Demonstrator of Anatomy at St. Thomas's Hospital.

TEGERT, E., M.R.C.S. Eng., Surgeon to the St. John's and St. Elizabeth's Hospital.

THOMAS, JABEZ, L.R.C.P., F.R.C.S. Edin., Surgeon to the Hospital and the Eye Dispensary, Swansea.

THOMAS, LLEWELYN, M.D. Brus., Surgeon to the Central London Throat and Ear Hospital.

THOMAS, M., M.D. St. And., Superintendent of the Glasgow Royal Infirmary.

THOMPSON, R. E., M.D. Cantab., Physician to the Royal Hospital for Consumption at Brompton, Examiner in Medicine at the University of Cambridge.

THOMPSON, Sir HENRY, F.R.C.S. Eng. (Exam.), M.D. Lond., Consulting Surgeon at University College Hospital, Emeritus Professor of Clinical Surgery at University College.

THOMSON, D., M.D. Glas., Surgeon to the Luton Cottage Hospital, Medical Officer of Health of the Leagrave District of the Luton Union.

THOMSON, H., M.D. St. And., L.R.C.S. Edin., Lansdowne-crescent, Glasgow.

THOMSON, W., M.D. Irel., F.R.C.S.I. (Exam.), Surgeon to the Richmond Surgical Hospital, Dublin.

THORNE, F., M.R.C.S. Eng., Honorary Medical Officer to the Female Temperance Home, Honorary Surgeon to the Midland Counties Home for Incurables at Leamington.

THORNTON, J. KNOWSLEY, M.B. Edin. and C.M., Surgeon to the Samaritan Free Hospital for Women and Children.

THORNTON, W. PUGIN, M.R.C.S. Eng., Surgeon to the St. Marylebone General Dispensary.

THURSFIELD, T. W., M.D. Aberd., M.R.C.S. Eng., Physician to the Warneford, Leamington, and South Warwickshire General Hospital, Consulting Physician to the Leamington Provident Dispensary.

THURSTON, EDGAR, L.R.C.P. Lond., Medical Officer to the Hospital for Epilepsy and Paralysis.

TIBBITS, HERBERT, M.D. St. And., F.R.C.P. Edin., M.R.C.S. Eng., Senior Physician to the West-end Hospital for Diseases of the Nervous System.

TIDSWELL, H. H., L.R.C.P. Lond., M.R.C.S. Eng., House-Surgeon to the Northampton General Infirmary.

TIDY, C. MEYMOTT, M.B. Aberd., M.R.C.S. Eng., Professor of Chemistry, Medical Jurisprudence, and Public Health at the London Hospital Medical College.

TIRARD, NESTOR J. C., M.D. Lond., M.R.C.S. Eng., Senior Physician for Out-patients to the Evelina Hospital for Children, Sub-Dean and Medical Tutor at King's College, Lecturer on the Practice of Medicine at St. Augustine's College, Canterbury.

TOMKINS, H., M.D. Qu. Univ. Irel., M.R.C.S. Eng., Resident Medical Officer at the Fever Hospital, Monsall, Manchester.

TOULMIN, W. CALVERT, L.R.C.P. Lond., M.R.C.S. Eng., Surgeon to the Invalid Asylum, Stoke Newington.

TUCK, B. J., M.R.C.S. Eng., Medical Officer to the Seaford District of the Eastbourne Union, and Surgeon to the Seaford Convalescent Hospital.

TUKE, J. BATTY, M.D., L.R.C.S. Edin., Medical Superintendent of the Fife and Kinross District Asylum, and Assistant Physician to the Royal Asylum, Edinburgh.

TURNER, G. R., F.R.C.S. Eng., Visiting Surgeon to the Seamen's Hospital at Greenwich, and Surgeon Registrar at St. George's Hospital.

TWEEDY, JOHN, F.R.C.S. Eng., Professor of Ophthalmic Medicine and Surgery in University College, London.

TYSON, W. J., M.D. Durh., F.R.C.S. Eng., Medical Officer of the Folkestone Infirmary.

UBSDELL, H., M.R.C.S. Eng., Surgeon to the Ashburton and Buckfastleigh Cottage Hospital.

VAN BUREN, E. C. H., L.R.C.P. Edin., M.R.C.S. Eng., House-Surgeon to the Buckinghamshire General Infirmary, Aylesbury.

VERNEDE, F. E., M.D. Edin., M.R.C.S. Eng., Medical Officer of Health to the Borough and Port of Poole, Dorsetshire.

WALFORD, E., M.R.C.S. Lond., Medical Officer of Health of the Ramsgate Urban District, and Surgeon to the Ramsgate and St. Lawrence Royal Dispensary.

WALKER, A. DUNBAR, M.D. Edin., Medical Officer of the North Kensington and Kensal Town Provident Dispensaries.

WALKER, J. SWIFT, M.D. St. And., F.R.C.S. Edin., M.R.C.S. Eng., Medical Officer of Health of Hanley, Smallthorne, and Stoke-on-Trent Rural Districts.

WALKER, W., M.R.C.S. Eng., House-Surgeon to the General Infirmary, Doncaster.

WALKER, W., M.R.C.S. Eng., Medical Officer of Health, Kirkleatham, and Medical Officer of the Convalescent Home and Surgeon to the Children's Hospital, Coatham.

WALSH, T. W., F.R.C.S. Eng., Senior Surgeon to the Worcester General Infirmary.

WALSHAM, W. J., M.B. Aberd., F.R.C.S. Eng., Assistant Surgeon and Demonstrator of Practical Surgery at St. Bartholomew's Hospital, Surgeon to and Surgeon-in-Charge of the Throat Department at the Metropolitan Free Hospital, and Surgeon to the Royal Hospital for Diseases of the Chest, London.

WALTER, W., M.D. Dub., Obstetric Surgeon and House-Surgeon at St. Mary's Hospital and the Manchester and Salford Lying-in Hospital.

WARD, E., M.R.C.S. Eng., House-Surgeon at the General Infirmary, Leeds.

WARDEN, C., M.D. Aberd., F.R.C.S. Edin., Senior Honorary Surgeon to the Birmingham Ear and Throat Infirmary, and Honorary Surgeon to the Birmingham and Midland Counties Orthopædic and Spinal Hospital.

WARNER, F., M.D. Lond., M.R.C.P. Eng., Assistant Physician to the London Hospital and to the East London Hospital for Children.

WATNEY, H., M.D. Cantab., M.R.C.P. Lond., Assistant Physician and Joint Lecturer on Physiology at St. George's Hospital, London.

WATSON, W. SPENCER, M.B. Lond., F.R.C.S. Eng., Surgeon at the Great Northern Hospital and Royal South London Ophthalmic Hospital.

WEBB, W., M.D. St. And., F.R.C.S. Eng., Senior Medical Officer of the Wirksworth Cottage Hospital.

WEBER, HERMANN, M.D. Bonn, F.R.C.P. Lond., Physician to the German Hospital, Dalston, E.

WEBSTER, J. A., M.R.C.S., House-Surgeon at the Royal Albert Edward Infirmary and Dispensary, Wigan.

WELLINGS, R., M.R.C.S. Eng., Medical Officer of Health and Medical Officer to the Cathrington Union, Cosham, Hants.

WEST, J. G. U., L.R.C.P. Lond., M.R.C.S. Eng., Honorary Medical Officer to the North Staffordshire Infirmary, and Medical Officer to the Workhouse, Stoke-on-Trent Union, Medical Attendant to the Staffordshire Nursing Institution, Stoke-on-Trent.

WEST, J. FITZJAMES, F.R.C.S. Eng. (Exam.), Senior Surgeon to the Queen's Hospital, and Consulting Surgeon to the Dental Hospital, Birmingham.

WHERRY, G. E., M.B., F.R.C.S. Eng. (Exam.), Surgeon to Addenbrooke's Hospital, Cambridge.

WHIPHAM, T. T., M.B. Oxon., F.R.C.P. Lond., Physician and Lecturer on Pathology, and Physician in Charge of Department for Diseases of the Throat, at St. George's Hospital.

WHITEHEAD, W., F.R.C.S. Edin., Surgeon of the Manchester Royal Infirmary, and Surgeon to the Railway Passengers' Insurance Society.

WHITSON, J., M.D. Glasg., Extra Dispensing Surgeon to the Royal Infirmary, Glasgow.

WICKHAM, R. H. B., F.R.C.S. Edin., Medical Superintendent of the City Asylum, Gosforth, Newcastle-on-Tyne.

WILKINSON, J., M.D. St. And., L.R.C.S.I., Senior Surgeon to the County Infirmary, Limerick.

WILLETT, A., F.R.C.S. Eng., Surgeon and Instructor of Probationary Nurses at St. Bartholomew's Hospital, Surgeon to the Metropolitan Convalescent Institution, Walton-on-Thames, and St. Luke's Hospital for Lunatics, London.

WILLIAMS, A. F., L.F.P.S. Glasg., Medical Officer of Health of the Brixworth Rural District, Northamptonshire.

WILLIAMS, A. WYNN, M.D., Physician to the Samaritan Free Hospital for Diseases of Women and Children.

WILLIAMS, EDWIN W., F.R.C.S. Edin., Medical Officer of Health to the Bedwellty Rural District, and Abertillery Urban District, Newport, Mons.

WILLIAMSON, J. M., M.D. Edin., Surgeon to the Royal National Hospital for Consumption, Ventnor, and Medical Officer to the Bonchurch Convalescent Home of the Royal Hants County Hospital.

WILLOUGHBY, E. F., M.B. Lond., M.R.C.S. Eng., Medical Lecturer at the Church Mission College, Islington, and Honorary Medical Officer to the Holloway and North Islington Dispensary.

WILLS, C., M.R.C.S. Eng., Medical Officer of Health for the Southwell and Worksop Rural Districts, and Mansfield Urban District, Nottinghamshire.

WILSON, A., M.D., Demonstrator of Zoology and Comparative Anatomy at the Edinburgh School of Medicine.

WINTER, W. H. TRIMNELL, L.K.Q.C.P. Irel., M.R.C.S. Eng., House-Surgeon of the General Hospital, Wolverhampton.

WOAKES, E., M.D. Lond., M.R.C.S. Eng., Consulting Physician to the Luton Cottage Hospital, Senior Surgeon to, and Surgeon of the Ear Department at, the Hospital for Diseases of the Throat Golden-square, London.

WOLFE, J. REISSBERG, M.D. Glasg., F.R.C.S. Edin., Ophthalmic Surgeon and Lecturer on Oculistic Surgery at the Aberdeen Royal Infirmary, Surgeon to the Glasgow Ophthalmic Institution.

WOLFENDEN, R. NORRIS, M.B., Lecturer on Practical Physiology at Charing-cross Hospital.

WOOD, W., M.D. St. And., F.R.C.P. Lond., Physician to the St. Luke's Hospital, E.C.

WRIGHT, A., M.R.C.S. Eng., Medical Officer to the Second District of the Romford Union, and Medical Officer of Health to the Romford Rural and Urban Districts.

WRIGHT, C. J., M.R.C.S. Eng., Senior Surgeon to the Leeds Public Dispensary.

WRIGHT, G. A., M.B. Oxon., F.R.C.S. Eng. (Exam.), Surgeon to the Children's Hospital, Pendlebury, Manchester.

WYBRANTS, J., M.D. Aberd., F.R.C.S. Eng., Coroner for the South-East Division of Somerset, and Honorary Consulting Physician to the Shepton-Mallet Hospital.

YOUNG, W., M.D. Durh., M.B., Medical Officer of Health of the Malton Rural and Union Districts.

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 23rd, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 17	29·87	W.	39	36	..	42	32	·12	Bright
,, 18	30·05	S E.	31	30	..	47	25	..	Foggy
,, 19	29·56	W.	44	42	..	49	28	·22	Cloudy
,, 20	29·37	W.	39	37	..	47	33	·05	Overcast
,, 21	29·77	W.	37	36	..	50	33	·02	Foggy
,, 22	29·57	W.	50	49	..	56	34	·14	Overcast
,, 23	29·35	W.	55	52	..	60	47	·01	Cloudy

Medical Diary for the ensuing Week.

Monday, Nov. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Drysdale, "On the Treatment of Syphilis."—Dr. Routh, "On the Difficulty of Diagnosing true Syphilitic Disease in the Female, and the Nature of its Contagion."

Tuesday, Nov. 28.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 3 P.M.

ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Dr. G. W. Parker, "On the Language and People of Madagascar."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. F. Warner, "On Spontaneous Postures of the Hand considered as Indications of the Condition of the Brain."—Dr. C. H. Ralfe, "On Seventeen Cases of Epilepsy treated with Sodium Nitrite."—The President will show a series (belonging to Dr. H. von Ziemssen) of full-sized Photographs of the Face, showing the action of particular muscles under electrical excitation, throwing light on the various distortions of the features.—Preparations and Drawings illustrative of Epilepsy will also be shown from the Museums of the College of Surgeons, St. Bartholomew's, St. George's, University College, and other museums.

Wednesday, Nov. 29.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thurs[illegible]v, Nov. 30.

ST. GEORGE'S HOSPITAL.—Ope[illegible]ions, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

HARVEIAN SOCIETY.—Harveian Lectures: Mr. Henry Power, "On Ophthalmic Medicine and Surgery in relation to General Practice."

Friday, Dec. 1.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 2.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M

Notes, Short Comments, and Answers to Correspondents.

All communications relating to the editorial business of the journal must be addressed "To the Editor."
Lectures, original articles, and reports should be written on one side only of the paper.
We cannot prescribe, or recommend practitioners.
Local papers containing reports or news-paragraphs should be marked.
Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

W. H.—1. As regards the public vaccination, no official regulations can be made to meet such a case and, hence, we know of no remedy.—2. As regards the pauper returns, under the General Order of the Local Government Board, February 12th, 1879, it is incumbent upon all district and workhouse medical officers of health, appointed since February 28th, 1879, to furnish the medical officer of health with returns of pauper sickness and deaths, as well as to notify the outbreak of dangerous infectious disease. A similar obligation has been imposed by the Board's order, June 14th, 1879, upon medical officers of district schools appointed after June 24th, 1879. If a district medical officer was appointed before February 28th, 1879, then the procuring of the pauper returns of sickness is a matter of arrangement. The clerk to the guardians usually supplies it, and, according to a memorandum issued by the Local Government Board in June, 1882, "it is competent to the sanitary authority, whether rural or urban, to pay a reasonable sum to the clerk to the guardians for the supply of this information."

M.R.C.S. and L.S.A.—Guardians have the power, though preference is generally given to persons with the double qualification. Has the M.D. not also the degree of C.M.?

INCANDESCENT CARBON LAMP.

To the Editor of THE LANCET.

SIR,—For the last few weeks I have used almost daily a small incandescent carbon lamp, to illuminate the cavity of the mouth during my dental operations. I have fitted it into a vulcanite cup and covered it for safety with a glass shade. Placed in the mouth the vulcanite cup acts as a prop to keep it open, and the lamp gives a bright light exactly where it is wanted, without producing undue heat. I have mounted another at the end of a vulcanite catheter, and am sure that in this form it will be most valuable for general surgical use, as it may be easily applied to many various purposes, both for the examination of interior cavities and in deep-seated operations, &c. The lamp has been made expressly for me by the Swan Electric Light Company, and I shall be pleased to show it in use here between the hours of four and five in the afternoon.

I am, Sir, faithfully yours,
Wimpole-street, Cavendish-square, W., NATHANIEL STEVENSON.
Nov. 18th, 1882.

"AN IRREGULAR PROCEEDING."

A CORRESPONDENT directs our attention to the following extract from the *Western Morning News* of Nov. 13th:—

"Through some unaccountable delay somewhere no inquest has been held yet on the body of Edward James, who died suddenly when returning from Tavistock on Tuesday night. The body is lying in a small cottage, where he had lodged, and which is inhabited by a large family and other lodgers. For the sake of the health of the family and lodgers, in common decency the inquest should be held and the burial take place at once." With respect to this case, our correspondent gives the subjoined particulars:—"On Tuesday evening I was sent for to see the deceased, who, I was told, had fallen down dead on his way from Tavistock, and in company with another man. The deceased was buried yesterday, and no inquest has ever been held touching his death. I have not even received a communication from anyone on the subject of the death. I may further state that Edward James had only been in this neighbourhood for about six weeks, having come here from Somerset to work on the Princetown railway. I have every reason to believe that he had seen no doctor since his arrival here. Surely this is a most irregular proceeding!"

A Doubly Qualified Assistant's letter is too long for insertion. Moreover, its tone is somewhat discourteous.

Dr. Pavy's communication arrived too late for publication this week.

EMIGRATION.

To the Editor of THE LANCET.

SIR,—Would you kindly give me space in your columns to ask the profession what chance has a medical man of "getting on" in Winnipeg, Australia, or New Zealand, and would it be advisable to go out to any of those places, and if so, which? I shall be thankful for any information any gentleman can give me on the above question.

I am, Sir, yours truly,
November 19th, 1882. PHYSICIAN AND SURGEON.

GERMAN MEDICAL STATISTICS.

ACCORDING to a statistical work recently published there were at the middle of 1882 in Germany 17,023 doctors. Of this number about one half were resident in Prussia, this preponderance arising in part from the fact that in Berlin there were 1048, being at the rate of 9·33 per 10,000 inhabitants, while the proportion for all Germany was found to be 3·87. There were 238 societies, numbering in all 10,024 members, which were specially engaged in the defence of professional interests. The number of associations dealing with the science of medicine was 68, comprising 7636 members. There existed 17 bodies, with 7306 members, for the promotion of sanitary measures. Military doctors had 8 societies of their own.

A TEST FOR BUTTER.

THE new apparatus devised by Osten for discovering the extent of adulteration which may exist in butter would seem, according to the description in the *Corps Gras Industriels*, to be effective and reliable in its action. The sample which is tested is melted and the butyric substance it contains is conducted into a graduated tube, composed of glass and so arranged as to show at a glance the percentage of genuine butter. This proportion should not, it is remarked, represent less than 85 per cent. of the total bulk, and water should only be found in a ratio of from 1 to 5 per cent.

A District Medical Officer.—It is true that medical officers are often, and sometimes systematically, annoyed by the frivolous complaints brought against them for alleged neglect of duty. There is, however, no remedy. The solicitor's advice is doubtless sound, though hard to take placidly. Better bow to the inevitable. The consciousness of having shown all due diligence and humanity in the performance of his important functions is, it would seem, the Poor-law medical officer's only reward.

X. B. H.—There have been many portraits of the late Sir James Simpson. The particular information desired by our correspondent would doubtless be given by Professor Simpson, of Edinburgh.

THE length of *Mr. Le Page's* letter precludes its insertion in our present number.

PAINFUL MICTURITION.

To the Editor of THE LANCET.

SIR,—I would feel much obliged if any of your readers would offer some suggestions as to the treatment of the following case.

Mrs. W——, aged thirty-eight years, confined of last child about twelve years ago, and who has had good labours, began to suffer from frequent desire to micturate about nine months ago. She has been forced to keep her bed for the last six months in consequence of frequent micturition with a peculiar "dragging pain," which sets in immediately after passing water and is of a most acute character. This pain generally lasts about ten minutes, but at times is almost continuous. The pain, which is most severe at night, or after being in the erect posture for some time, is referred solely to the neck of the bladder. On introducing a sound, acute pain was complained of as soon as the instrument touched the urethra and also on its touching any part of the surface of the bladder. She has passed blood on four occasions, each lasting over a few days. The urine, normal in reaction, is highly albuminous, cloudy, containing pus and flaky or shreddy and gritty matter. After standing for twenty-four hours a membranous, almost transparent, substance stretches from the top to the bottom of the fluid. There is no pain in the back nor thigh and no stoppage in passing water. I failed to detect any stone in my examination. I have tried alkalies, hyoscyamus, bromides, pareira, morphia, camphor internally, and also injecting the bladder with carbolic lotion (which gave rise to much pain) without effect.

I am, Sir, yours very truly,

November 13th, 1882. PUZZLED.

Mr. J. Atkinson Hooker.—We fear that our correspondent cannot claim more than the ordinary fee.

L. S. A. may consult the article in our Student's Number, published Sept. 9th.

Aliquis.—We do not prescribe. Any surgeon would advise in the matter.

"INUNCTION IN SCARLATINA."

To the Editor of THE LANCET.

SIR,—Under the above heading a discussion has been carried on in medical journals for the last few weeks, to which I am desirous of adding my testimony.

During the outbreaks of scarlet fever in Fulham Small-pox Hospital, where there has been no provision for the isolation of such cases, I have successfully treated them year after year in the wards occupied by small-pox patients without the chance of spreading the disease to the others. The plan I adopted was to bathe the patients every morning and anoint their bodies with carbolic oil of the strength of one to twenty for weeks. Their nursing, bed-linen, &c., were kept separate as far as the circumstances allowed. I never had reason to think of any evil results arising from the inunction of the oil. Moreover, the limitation of the disease to a few cases, with such precautions as were taken at Fulham Small-pox Hospital, gives one argument against the hypothesis of aerial infection. Since then it has been my practice to use the same in private cases with the advantage of controlling the spread of the disease. I have now one case under my treatment progressing towards recovery.

I am, Sir, yours obediently,

MONTAGUE D. MAKUNA, M.R.C.S., L.R.C.P.Lond.

Dock-street, E., November 20th, 1882.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

THE last examination for the present year for the diploma of Membership of this institution was commenced on the 10th instant, when the following questions on Surgical Anatomy and the Principles and Practice of Surgery were submitted. The candidates were required to answer at least four, including one of the first two out of the six questions between 1.30 and 4.30 P.M.:—

1. Mention the parts in contact with the gluteus maximus muscle.
2. Name in order the structures that must be divided in amputation of the fore-finger at the metacarpo-phalangeal articulation.
3. Mention the principal circumstances in which an abscess is likely to be followed by a sinus or fistula.
4. Mention the causes of epididymitis. Give the course, diagnosis, and treatment of the disease.
5. Describe paronychia and its treatment.
6. Describe the clinical characters, especially in reference to diagnosis, of epithelial ulcer of the tongue.

The following were the questions on Midwifery and the Diseases of Women. Candidates were required to answer three out of the four questions from 12.30 to 2 o'clock:—

1. What is the effect of ergot upon the process of labour? In what circumstances would you administer this drug, and what conditions would you regard as contra-indications to its use?
2. In what circumstances is decapitation of the fœtus required? How would you perform this operation?
3. What are the causes of chronic ovaritis? By what symptoms and signs would you recognise this condition? How would you treat it?
4. State the common causes, and describe the preventive treatment, of mammary abscess.

The following were the questions on the Principles and Practice of Medicine. The candidates were required to answer three out of the four questions, including No. 4, between 2.30 and 4.30 o'clock:—

1. Describe the symptoms and course of typhoid fever, touching upon its distinctions from diseases which resemble it, its treatment, and post-mortem appearances.
2. Indicate the symptoms, course, complications, and treatment of rheumatic fever.
3. What are the pathological conditions and clinical results of extravasation of blood within the cranium?
4. State the composition, doses, and use of the following preparations:—Pulv. ipecacuanhæ co., pulv. jalapæ co., pulv. kino co., pulv. elaterii co. Name the preparations, with their doses, of the following drugs, and give the general effects and uses of each drug:—digitalis, antimony, arsenic, colchicum, and aconite.

Mr. S. P. Smith.—The destruction of cultivated organisms by carbolic acid has been repeatedly proved, but we are not aware that it has been verified in the case of the tubercle bacilli, to which we presume our correspondent refers. There is no reason, however, to suppose that it is not true of these also.

Mr. J. L. Shadwell.—We are unable to refer our correspondent to any authenticated report of the death of an adult from the bite of the common viper.

Curgen.—We are not aware of the Haslam process having been applied to a hospital, and doubt much whether it could be done.

M.R.C.S.—The percentage mentioned is too high for those permanently disabled.

Mr. Thomas McGrath had better consult a surgical instrument maker.

Mr. Wm. Hardman.—Messrs. Ihlee and Horne, 31, Aldermanbury.

C. R.—Cassell's books on the subject.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—To prevent misapprehension will you give me a corner in your columns to say that the judge, in the case you published last week, gave a verdict against the plaintiff, not because his assistant was unregistered, but because he was unqualified. This is not new law. I know of a case where, before the passing of the Medical Act in 1858, a plaintiff lost a large account because his assistant, who had partly attended the defendant, was not a L.S.A., as he had described himself to be. Moreover, if a qualified man employs an unqualified assistant and palms him off upon his patients as a qualified man he is liable to indictment, and if the assistant help to maintain this fraud he, also, is liable to indictment. How, then, can it be possible to recover for attendance given under such circumstances as these if the defence be conducted by—what is difficult to find in these medical cases—a competent lawyer?

Partnership will not protect unqualified practice. In one of the early prosecutions by the Medical Alliance a verdict was obtained in the County Court against a defendant. This defendant subsequently endeavoured to protect himself by entering into partnership with a M.R.C.S. and L.S.A. The Alliance again prosecuted, but this time in a superior court, when a second verdict was obtained against him, and the action cost him altogether not less than £150. He then sold his business to a trebly qualified man. Of course, a registered practitioner may, under a deed of partnership, agree to share his professional income with, say, a cobbler, but, unless he dare a prosecution, the cobbler must stick to his cobbling and take no part in his partner's doctoring.—I am, Sir, your obedient servant,

Stockwell-road, S.W., Nov. 20th, 1882. R. H. S. CARPENTER.

REPORTING CASES OF SUICIDE.

G. P. asks our opinion on the following case:—"Called to a case of suicide (gun-shot wound of chest), known only to friends. Is there any necessity, from a legal point of view, to inform the police? I am not sure whether any penalty attaches for not reporting such an occurrence." The case is somewhat novel, but we believe that our correspondent will be doing his duty to himself, his patient, and the public by keeping a discreet silence. Suicide is a felony, but it is scarcely possible that a medical man, by trying to rectify the effects of the felony, of which he was entirely ignorant till after the fact, could be regarded as *particeps criminis*.

CAN MIDWIFERY FEES BE CLAIMED WHEN ATTENDANCE IS NOT ASKED?

Indignant writes to us that in a case where he was clearly engaged, but not sent for, the judge disallowed his fee. This is the glorious uncertainty of the law. Our correspondent must, referring to the other question raised in his letter, make patients clearly understand whether they are being treated on dispensary terms or not.

Mr. Banks.—It is impossible for a man to kill himself by simply holding his breath, for the automatic efforts to inspire prove too strong for the will to resist; but the head might be held under water till unconsciousness supervened, and the automatic efforts to inspire would then be ineffectual, and death would result.

"SINGLETON'S OINTMENT."

To the Editor of THE LANCET.

SIR,—One of your correspondents, signing himself "Rusticus," asks for the composition of Singleton's golden ointment. As it is so valuable and generally recognised a remedy, I have much pleasure in enclosing the original receipt, from which I have always prepared it. It requires care in making and to be well stirred until cold, when it will come out of a brilliant golden colour. To make the ointment full strength the butter and oil must be reduced one half. It would be well to publish the receipt in your journal.

Singleton's original receipt was obtained about forty years since from the occupier of the house in Fleet-street, nearly opposite St. Dunstan's Church, where Singleton lived. I am, Sir, yours very truly,

Chichester-place, Guildford, Nov. 18th, 1882. ALBERT NAPPER.

℞ Hydrargyri, ʒss.; acid. nitric., 3vss.; butyri [without salt], ℥vj.; olei olivæ, ℥iv. Hydrargyrum in acido primum liquus; dum liquorum adhuc calentum, butyro et oleo simul liquefactos; misce.—N.B. This is half diluted.

H. D. F.—The discussion of medical questions in the lay press is no doubt highly objectionable, as we have frequently pointed out.

Enquirens.—To make sure of the facts, and to take a good opportunity of protesting.

IODINE STAINS ON BODY-LINEN PRODUCED BY INUNCTION OF IODIDE OF POTASSIUM OINTMENT.

To the Editor of THE LANCET.

SIR,—I was somewhat astonished a few days since, on visiting a patient, by the nurse showing me the under-linen, which was covered with large spots having the characteristic colour and odour of iodine. The patient had been recently confined of a seventh month child, which died a few hours after birth, and had been rubbing iodide of potassium ointment, with camphor, over the mammæ to arrest the abundant secretion of milk. The linen, I was assured, contained no starch, and the patient exhibited no symptoms of iodism. Will you or some of your readers inform me if such appearances as the above are common?

I am, Sir, yours faithfully,

Whitstable, Nov. 13th, 1882. J. W. HAYWARD.

CONSTRUCTIVE MURDER.

A BIRMINGHAM CONTEMPORARY, in an article commenting on the case of a chemist condemned to death at the Stafford Assizes for causing the death of a woman by using an instrument to procure abortion, incidentally says: "It is well known to the initiated that there are qualified surgeons in every large town who, for a consideration and on reasonable assurance of secrecy, will render the aid that is required." We beg to tell our contemporary that we neither know nor believe such a statement to be true.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Savory, London; Dr. Tompkins; Mr. Biggs, London; Mr. Meadows, Hastings; Dr. O'Connell, Sioux City; Mr. E. Carr, Wakefield; Dr. Ryley, London; Dr. Sinclair Thompson, London; Dr. Nicholls, Chelmsford; Mr. Albert Napper, Guildford; Mr. Turner, Norwich; Mr. N. M. Reid, Tunbridge Wells; Mr. Jennings, London; Mr. Tuckey, Tynemouth; Mr. Makuna, London; Mr. Hamerton, London; Dr. Davison, Liverpool; Dr. Eben. Watson, Glasgow; Mr. Mallins, Watton; Dr. Macdougall, Carlisle; Mr. F. W. Lowndes, Liverpool; Dr. Cobbold, London; Mr. Richmond Leigh; Mr. Collyer, London; Dr. Fox, Greenock; Dr. Carter Wigg, Derby; Dr. Winton Dickson; Mr. Tallack, London; Dr. Buchanan, Glasgow; Dr. Ashby, Manchester; Mr. Denton, London; Dr. Fletcher, Highgate; M. Masson, Paris; Dr. Warren, New York; Mr. Bate, Kilburn; Mr. Theobald, Leicester; Mr. Perry, Stourbridge; Mr. Constantine; Mr. Lawson Tait, Birmingham; Mr. Burgess, London; Surgeon-Major Guinness; Dr. Bristowe, London; Mr. Talbot, Gloucester; Dr. Morton, Glasgow; Dr. O'Neill, Lincoln; Mr. S. F. Smith; Mr. Hare, London; Mr. Dunstan, London; Dr. Patterson, Glasgow; Mr. Walker, Spondon; Mr. Green, Bath; Messrs. Smith and Son, Manchester; Dr. McMurray, Warren Point; Mr. Mercier, London; Dr. Matthews Duncan, London; Dr. Bristowe, London; Dr. J. E. Pollock, London; Mr. W. H. Platt, London; An Inhabitant of Chatham; Surgeon; Fides; Physician and Surgeon; Salus Populi; M.D., Hackney; R., Lincoln's-inn; M.R.C.S.; N. E. R.; A Resident for some years (Clarens); Indignant; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Rev. P. Leaky, Leicester; Mr. Dean, Shaithwaite; Messrs. Wood and Co., New York; Mrs. Alexander; Miss Aubery, Swansea; Miss Armitage; Mr. Mallock, Bornhill; Mr. Scott, Sandwich; Mr. Fosbroke, Birmingham; Mr. Pope, Bandon; Messrs. Farwig and Co.; Messrs. Lee and Nightingale, Liverpool; Mr. Davison, Glasgow; Mr. Whittle, Brighton; Mr. Sutherland, Fence Houses; Mr. Rolandson, Durham; Mr. Tooke, Berkhamsted; Mr. Richardson, Pickering; Messrs. Bell and Co., Lancaster; Mr. May, Morton Hampstead; Mr. Emmitt, Nottingham; Mr. Stacpoole, New Zealand; Mr. Leaver, Stratford-on-Avon; Messrs. Southall and Co., Birmingham; Mr. Jeffries, Chesterfield; Messrs. Roberts and Co., Festiniog; Mr. Saunders, Manchester; Messrs. Byles and Co., Bradford; Mr. Swiss, Devonport; Messrs. Black, Edinburgh; Mr. Dean, Lewisham; Mr. Young, London; Mr. Alcock, Stoke-on-Trent; Messrs. Drake and Co., Stratford; Mr. Berry, Upwell; Dr. Iles, Watford; Messrs. Budd and Spice, Shepton Mallet; Mr. Lamb, Burford; Mr. Taylor, Woodstock; Mr. Ballard, Smardon; Mr. Smith, Ongar; Mr. Sampson, Portsmouth; Mr. Champion, Exeter; Messrs. Bransby, Peterborough; Mr. Cooper; Mr. Speed, New-cross; K. P., Yeovil; M. A., Kegworth; X. M.; G. B.; Peritus; Medicus, Normanton; Alpha, Belfast; M. E.; E. P.; W. P., London; C. B., Halston; G. W., Manchester; Assistant, Ripponden; F. J., Derby; New North-road; W. T., West India-road; C. S. S. N.; Principal, Seaford; York-road, Acton; Physician, Liverpool; Scotia; Radius; Delta; &c. &c.

Sydney Morning Herald, West Sussex Gazette, Chard and Ilminster News, Hairdressers' Chronicle, Building and Engineering Times, New Era, Western Mail, West London Observer, Daily Review, St. Pancras Guardian, Supplement to Chamber of Commerce Journal, Southend Standard, &c., have been received.

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